

Lorin D. Lawrence, DVM
 Elizabeth L. Hill DVM
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 Jay E. Hreiz VMD
 Ver 10.10.08



BOARDING REGISTRATION

1. Pet's Name (First and Last): _____
2. Emergency Contact (Name & Phone nos.): _____
3. Date of Pick Up (We suggest that you pick up on exact date indicated here): _____
4. Would you like your pet bathed (\$) by kennel assistants on the day of pick up? (Pets seem to acquire odors after only a couple days in the clinic. We no longer offer automatic courtesy baths.) Haircuts can be arranged by appointment with the groomer.
 YES _____ NO _____

IMPORTANT: If your pet has external parasites (fleas, ticks, etc.) that are transmissible to other pets, we will treat your pet at your expense.

5. List names, mg tablet or capsule size, or cc's, and times per day for any medications you wish us to administer(\$): _____
6. Does your pet require a special diet?
 I brought my own food or Prescription. Diet (name of diet): _____
 I want the clinic to supply this Prescription or Medical Diet (\$): _____

7. OPTIONAL: Release ONLY for Boarding two pets in same kennel or run: I request that my pets are boarded in the same kennel or run. I realize that when confined some pets that normally get along together can become aggressive, resulting in injuries. I authorize Ebenezer Animal Hospital (EAH) to treat any wounds that arise from said confinement; I agree to hold EAH harmless and to assume full responsibility for costs incurred.
 Initials of Owner or Owner's Representative _____

VIP Services (Pet Pampering)

1. Provide Comfy Fleece bedding daily (\$2/day) Yes ___ No ___
2. Playtime: 15 minutes of ball chasing, petting, and affection from a staff play technician:
 Once ___ Twice ___ per day (\$5/session) None ___
3. Innova All Natural Diet: Whole Turkey & Chicken, potatoes, egg, barley, rice, sunflower oil, apples, carrots, milk, fish oil, sprouts, vitamins, and minerals.
 (\$2/day). Yes ___ No ___

Owner or Representative's Signature _____ Date _____

Boarding

Date:

FOR CLINIC USE ONLY

Account #:

FOR CLINIC USE ONLY

Client Name:

Pet:

FOR CLINIC USE ONLY

Reason for Visit:

FOR CLINIC USE ONLY

EBENEZER ANIMAL HOSPITAL BOARDING AGREEMENT

I the undersigned owner or caregiver of the pet(s), authorizes Ebenezer Animal Hospital to board my pet(s). Proofs of current vaccinations as outlined herein are necessary. If verification of current vaccination is not possible, I understand that my pet(s) will receive the required vaccinations below.

**Dogs- Distemper/Parvo, Yearly Exam
Bordetella, Rabies**

**Cats- Distemper/Resp. Complex, Rabies,
Yearly Exam**

PLEASE INITIAL BELOW

I, the undersigned, realize that if I should fail to notify EAH of a delay in my return and fail to retrieve my animal(s) at the agreed time, my pet(s) may be transferred to an animal shelter or other organization for adoption 10 days after notification of abandonment by EAH pursuant to SC Code of Laws §40-60-280. I realize that I will still be responsible for all boarding and collection fees incurred because of such abandonment.

I understand that EAH is not responsible for personal items left at the hospital, including toys, towels, pillows, ect.

VERY IMPORTANT: In case of illness or injury with my pets while boarding:

I authorize Ebenezer Animal Hospital to do whatever is medically or surgically necessary to return my pet(s) to health. I agree to all terms stated above. I agree to pay for services rendered upon my return.

I DO NOT authorize any medical or surgical treatment if I or my representative cannot be reached. I agree to all terms stated above. I agree to pay for services rendered upon my return.

Please sign here

OR

here