Powdersville Animal Hospital

10920 Anderson Hwy ● Piedmont, SC 29673 Phone: (864) 269-0052 ● Fax: (864) 295-1010

Boarding Agreement

Drop Off Date: _____ **Pick Up Date:** _____

Owner: _____ **Pet(s):** _____

Emergency Contact Number(s): _____

Pet(s) Belongings: _____

- Powdersville Animal Hospital is not responsible for any lost or damaged belongings.
- The Hospital is not capable of laundering large bedding. Any soiled bedding will be sent home in a plastic bag.

Medical Procedures: _____

_____

Special Instructions: Include any medication, feeding, or grooming instructions. An additional charge of $4.00 per day will be added for pets that require medication.

_____

_____

Play Time: Boarding animals are walked a minimum of two times per day. You may elect to have Play Time for your animal for an additional $5.00 per Play Time session. Play Time sessions will not be scheduled on Sundays, holidays or holiday weekends, during inclement weather and may be cancelled should it interfere with your pets' grooming appointment.

- ❑ **Yes**, I would like for my pet to have one-on-one Play Time session for an additional $5.00 per session. Play Time sessions are to be given as follows: _____

Sunday Pick-Up Service:

- ❑ I elect to pick up my pet on Sunday between 4:00 –5:00 PM. I understand that this is the only available time to pick up my pet on Sunday with the exception of holidays when this service is not available. I agree to prearrange for this service at drop-off and realize that because my pet will be spending the majority of the day, I will be charged for Sunday boarding.

Policies:

- Pets must be current on all vaccinations by an animal hospital. (We do not accept breeder vaccinations or owner vaccinations.) If proof of such vaccinations cannot be verified, the pet's vaccinations will be updated at the owner's expense.
- To maintain a flea free clinic your pet will be treated with a flea adulticide upon admission to the hospital at no additional charge to the owner.
- Any pet found to have a parasite infestation while boarding will be treated at the owner's expense.

- ❑ I am owner/agent of the above described pet and I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet. I understand this form and consent to the above procedure(s) as well as any additional treatment deemed necessary by the veterinarian. I assume responsibility for all charges incurred, and understand that these charges will be paid at the time of release and that a deposit may be required for some procedures.
- ❑ I am owner/agent of the above pet and I hereby authorize the treatment protocol listed above. I wish to be contacted before any further medical treatment is administered. I am aware that I may request a verbal/written estimate of any charges that may be incurred. I am aware that checking this box does not include emergencies, such as life-saving measures. I assume responsibility for all charges incurred, and understand that these charges will be paid at the time of release and that a deposit may be required for some procedures.

Owner's Signature _____ **Date** _____

Method of Payment ☐ Cash ☐ Check ☐ MasterCard ☐ Visa ☐ Discover ☐ Care Credit ☐ Other_____