

Veterinary Medicine & Surgery
196 Hwy 601 South
Lugoff, SC 29078
Boarding Agreement

Welcome!

The staff at Veterinary Medicine and Surgery (VMS), welcomes your pets and thank you for the confidence and trust you put on us for their care while you are away.

* In order to provide excellent care for all of our boarders, we require all cats and dogs to be up-to-date on their vaccinations, deworming and heartworm prevention.

* If your pet is on any special diet or needs any medication, please bring them along with any feeding instructions.

* You may bring one item of bedding and one toy for your pet. These items must be permanently labeled with pet's first and last name. We cannot guarantee that these items will be returned to you, but we will make every effort to keep them with your pet.

◇ My pet(s) _____ have been vaccinated within the last 12 months and (is/are) free of internal and external parasites, and (is/are) current on their Heartworm prevention. If I cannot show proof of such, I authorize VMS to administer vaccinations, run a fecal test and administer a dose of parasite control to my pet(s) at my own expense, as required for boarding.

◇ In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of Veterinary Medicine and Surgery VMS to treat, prescribe for, or operate upon my pet(s) while they are boarded at the hospital. A verbal and written estimate will be prepared and discussed prior to treatment. If VMS is unable to reach me concerning the nature of the emergency, I authorize VMS to treat my pet(s) and charge my account upon the doctor's discretion not to exceed a maximum of \$ _____.

◇ I understand that VMS and all of their staff members will exercise all responsible precautions against illness, injury, or escape of my pet(s). I understand that in the event of any circumstance, VMS or any of their staff members will not be held liable or responsible in any matter whatsoever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

◇ Should the circumstances arise that my pet(s) remain unclaimed after the date which I have stated as the pick up date, I understand that written notice will be mailed to me. Seven days after such written notice has been received, the animals will become the property of VMS and handled as the hospital deems best. It is further understood that such action will not relieve me from paying all cost of the services, including the cost of boarding service.

◇ At VMS, we are flea free. Therefore, each pet that boards with us will be given a Capstar tablet upon arrival.

◇ I understand and agree that to pay all costs and charges for special services requested while boarding including, but not limited to: dispensing medication/supplements, bathing, nail trims, and/or any medical services.

◇ My pet(s) are frequent boarders and would like to extend the terms of this agreement for the following _____ months.

Client Account No. _____

Emergency contact number _____

Alternative contact person/number _____

Emergency email contact address _____

I have read and understand the authorization and consent.

Owner's signature _____ Date _____