



CHARLESTON
ANIMAL
HOSPITAL
North Charleston, SC

BOARDING & DAYCARE

OWNER'S NAME _____ PET'S NAME _____ \

BREED _____ PET'S SEX _____

KNOWN ALLERGIES: _____

CURRENT MEDICATIONS (including heart-worm and flea prevention):

HOME/CELL PHONE _____ WORK PHONE _____

EMERGENCY CONTACT NAME/NUMBER _____

VETERINARIAN'S NAME: _____ PHONE: _____

Does your pet have any behavioral issues?

PLEASE CHOOSE A SERVICE FOR YOUR PET

___ **BOARDING**

___ **BATH**

Clean Ears, Nail trim (Does not include Dremel Nails or Brush Out)

Ready for Pick-Up after 3pm

___ **DAY CARE**

Play outside/inside 3-4 times as day

___ **NAIL TRIM \$10**

___ **DREMEL NAILS \$20**

___ **SANITARY TRIM \$8**

___ **BRUSH OUT \$15**

___ **APPLY FLEA MEDICATION**

Check-in ____/____/____ **Time:**

Check-out ____/____/____ **Time:**

DISCLAIMER: All patients are required to be current on vaccines, including the kennel cough vaccine and canine flu vaccine.

Patients must be current on a fecal test. Heart-worm test is optional if they are current on heart-worm prevention.

All patients are required to be current on flea and heart-worm prevention during their stay.

If not up to date on required vaccines they can be administered by our veterinarian during their stay.

PLEASE READ AND SIGN:

I certify that I am 18 years of age or older, and I am the owner of the pet/animal described in the form above. I authorize the technicians, groomers, veterinarians to perform any treatments of illness or parasites found during the stay, at my expense. I hereby release DVH and it's employees of all liability in the event of injury, bite, fall, or other circumstances that might cause injury while my family members is/are a visitor or patron in the hospital, boarding or grooming areas of the hospital. I assume all risks and will take all necessary precautions regarding the safety to all public and nonpublic areas of the hospital to myself and my family. I agree to pay for all services on behalf of my pet/animal at the time of pick up or release, including any treatments, that may of occurred while my pet/animal is/was in the care of Dorchester Veterinary Hospital.

SIGNATURE: _____ **DATE:** _____