

WATEREE ANIMAL HOSPITAL

"Caring Hearts & Caring Hands"

500 YORK STREET
CAMDEN, SC 29020
(803) 432-9084

Boarding Form

Client Name: _____ Chart No: _____
Address: _____ Patient Name: _____
City, State, Zip _____ Species: _____
Telephone: _____ Breed: _____
Sex: _____

Emergency Contact Name: _____ Phone: _____
Date of Drop-off: _____ Date of Pick-up: _____

Required Vaccine/Exams: Dogs: Rabies, Distemper/Parvo, Bordatella; Cats: Rabies, Distemper

Would you like your pet bathed on the day of pick-up? No _____ Yes _____
If yes, please pick-up after 2 p.m.

Is your pet on a special diet? _____

Please list all medications, dosages, and when next dose is due: _____

Please list all toys, foods, other items left with animal: _____

There will be an additional charge for baths or if medication needs to be administered during your pet's stay. (This does not include daily heartworm prevention or vitamins.)

I also understand that there will be an additional charge to treat any boarding animal found to be infested with fleas or ticks.

I understand that medical problems may arise in my absence. Should the hospital not be able to reach my emergency contact within a reasonable period of time, I authorize the attending veterinarian to administer the minimum medical treatment required to ensure the health and safety of my pet. I will also assume full responsibility for any expenses incurred therein.

I have read the boarding requirements and understand the hospital's policies.

Owner or agent: _____ Date: _____