

God's Creatures Animal Hospital 136 S. Howard Ave., Landrum SC 29356 phone: 864.457.3656 fax:864.457.3566

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Doarding Agreement					
Pet Name:		Breed:		Age:	
Da2pp	Rabies	Fecal	Bordetella		la
Pet Name:	Breed:		Age:		
Da2pp	Rabies	Fecal	B	ordetel	la
		ny negative behaviors m will be financially respo			derstand that should my p
problem(s) that contact me first permission to t	at arises while bo It prior to initiat Ireat as she deen	oarding. I understa ing treatment. If I ns appropriate. ** 1 (one) can of Scien	and that e am unrea If my pet i nce Diet I	very ef chable has not /D can	treat any emerging fort will be made to , she has my t eaten in 24 hours, I ned food as needed.
fecal within the p to best protect yo dogs. I understa God's Creature MUST also be or or worms, they w discuss my option responsible for the	ast year. Our Doctour pet. These incluand if my pet is resis NOT liable for a monthly flea profill receive treatments. If I cannot be resident payment of the profile.	ors recommend vaccing de Distemper and Rance on value on the problem. Or eached, the doctor will	nes no later bies for dog accines wi may resu d that if my ne of the sta l treat appr bring pet's	than 2 gs and c ithin 14 It due t y pet is f aff mem copriatel own foo	g as well as a negative weeks prior to boarding ats and Bordetella for a days of boarding, to exposure. Your pet found to have fleas, ticks bers will contact me to be and I will be and unless he/she is on
Has your pet bee	en fed today? (if any) been give	n today?	Yes Yes	No No	Time Time
Please list all item	s let with pet.				
		ner of the above pets, h			d's Creatures to board my