



God's Creatures Animal Hospital
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Boarding Agreement

Pet Name: _____ **Breed:** _____ **Age:** _____

Distemper: _____ Rabies: _____ Fecal: _____ Bordetella: _____

Pet Name: _____ **Breed:** _____ **Age:** _____

Distemper: _____ Rabies: _____ Fecal: _____ Bordetella: _____

I agree to inform the hospital staff of any negative behaviors my pet may have. I understand that should my pet damage the premises while boarding, I will be financially responsible for repairs.

I agree to allow Dr. Jeni and staff to treat any emerging problem(s) that arises while boarding. I understand that Dr. Jeni will make every effort to contact me first prior to initiating treatment. If I am unreachable she has my permission to treat as she feels appropriate. Accept Decline

I understand I must have proof of current vaccinations for my pet to be boarded as well as a clean fecal within the past year. These include Distemper & Rabies for both dogs and cats and a Bordetella for dogs. I, also, understand that if my pet is found to have parasites (ticks and/or fleas), they will receive treatment for the problem. One of Dr. Jeni's staff members will contact me to discuss my options. If I can not be reached, she will treat appropriately and I will be responsible for the payment of the product used. Please bring pet's own food, unless he/she is on Science Diet which is what we use in-house.

Has medication been given today? Yes ___ **No** ___ **What time** _____

Please list below all items left with animal:

Contact Numbers: _____

I, _____, owner of the above listed pets, hereby authorize God's Creatures Animal Hospital to board my pet(s) from _____ to _____.