

Veterinary Clinic of Myrtle Beach

Boarding, Bathing and Daycare

Welcome to Veterinary Clinic of Myrtle Beach – Boarding, Bathing and Daycare! We are honored to be responsible for your pets while you are away. Here your pets will enjoy clean, spacious living spaces, and a relaxing environment. Complete this form to the best of your knowledge, making sure you read and understand the **attached policies, release, and waiver**. Proof of vaccinations and outside health records will be required.

- New Client
- Existing Client – Updating Information

OWNER'S INFORMATION:

Parents Name: _____

Email Address: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Additional Parent Name: _____

Additional Parent Phone Number: _____

EMERGENCY CONTACT (This should be a local contact who will be available to pick up your pet and/or make medical decisions in emergency, if you are unable.)

Name: _____

Relationship: _____ Phone Number: _____

****If Existing Client, skip to page 3****

PREVIOUS VETERINARIAN INFORMATION:

Veterinarian Clinic Name: _____

City: _____ State: _____

Phone Number: _____

* Do we have your permission to reach out and obtain previous medical records and patient history from this clinic? *

YES NO

	Guest 1	Guest 2	Guest 3
Name			
Date of Birth/Age			
Breed(s)			
Sex? Spayed/Neutered?			
Any Medications? If yes, list name and dosage.			
Is there a person, type of dog, or situation your pet seems uncomfortable with? If yes, why?			
Has your pet ever growled or bit another dog or person? If yes, explain.			
Can you take food/toy items from your dog without growling?			
Any areas on the body where your pet doesn't like to be touched? If yes, where?			
Any allergies/stomach sensitivities?			
Has your pet ever shown any type of aggression toward other dogs?			
Has your pet ever shown aggression in a kennel environment? If yes, explain.			

Boarding, Bathing and Daycare Waiver and Consent Form

This agreement shall apply to all boarding/bathing/daycare visits by your pet(s) to Veterinary Clinic of Myrtle Beach.

Please initial next to every point to indicate you have read and understand.

Ownership:

I represent that I am the legal owner or authorized representative of the owner for the pet(s) described on this document. _____

Vaccines / Medical History:

I represent that my pet(s) is/are in good health, is/are current on all required vaccinations (DOGS – DHPP, Rabies, Bordetella, we also highly recommend CIV; CATS – FVRCP and Rabies) and have had negative fecal test within the last six months. _____

I understand that while my pet(s) is/are fully vaccinated, vaccines are not guaranteed and there is a small risk that my pet(s) may contract a contagious disease or illness (such as Canine Influenza or Bordetella/ Kennel Cough in dogs, and upper respiratory infections in cats.) I agree that should this occur, I am responsible for my own pet(s) care, medical attention, and the associated costs. _____

I represent that my pet(s) is/are free of fleas, ticks or lice and has/have not been ill within the past 30 days. _____

I understand that should fleas, ticks or lice be found on my pet(s) a flea/tick/lice treatment will be given to my pet(s) and I will be responsible for any associated charges (cost is dependent on size of pet, species, and severity of infestation.) _____

I agree to disclose any previous or current medical issues/concerns for my pet(s) so that the facility's staff can decide on suitability for daycare/boarding/bathing. _____

Medications:

I understand that the facility's staff are not veterinarians and must follow strict guidelines when administering medication to my pet(s). Medication will be administered according to the dosage prescribed on the medication bottle and the facility will not deviate from the prescription. All prescriptions must be presented in the original pharmacy container and have a label that includes: 1) the owners name, 2) the pets name, 3) the drug name, 4) the dosage, 5) the veterinarian's name, 6) the veterinarians contact information (address/phone number), and 7) the date the medication was issued. _____

Risks:

DOGS – I represent that my dog(s) are social and has/have not harmed or shown threatening behaviors towards any person or other dogs. I understand that the facility reserves the right to remove my dog(s) from the play area and place my dog(s) in a separate holding area should my dog display any unwanted behaviors. _____

DOGS AND CATS – I understand that if my pet(s) act aggressively toward another pet or the facility staff resulting in injury to the pet or the staff, that I will accept responsibility for any veterinary care needed on behalf of the injured pet or any medical care needed on behalf of the staff member as a direct result of my pet(s) actions. _____

I understand that special-needs pets, young pets, and senior pets naturally have a higher risk of injury, stress-related illnesses, weakened immune systems, or exacerbation of any pre-existing condition and am waiving any claim for injury or illness experiences by my pet while in the care of the facility. _____

I understand that if my pet(s) nails are too long and causing deep scratches or breaking skin of staff or other pets, a nail trim may be required by the facility at an additional cost. _____

I give permission for the facility to bathe my pet if he/she soils their fur (feces or urine) while in the care of the facility and understand that additional costs will be incurred (up to \$60 depending on size and disposition of pet). _____

I give permission for the facility's staff to contact my veterinarian should any injuries or illnesses occur that require medical attention and I agree that I am solely responsible for any medical expenses incurred on behalf of my pet(s). _____

Intact Pets:

Daycare – I understand that if my pet(s) is/are over the age of 6 months, is/are not spayed or neutered, they will not be permitted to play in daycare. _____

Boarding – I understand that if my pet(s) is/are over the age of 6 months. Is/are not spayed or neutered and is/are exhibiting "intact" behaviors or signs of a heat cycle, that my pet(s) will be placed in boarding away from other pets and I will be responsible for any additional charges. _____

Additional Policies:

I understand that the facility reserves the right to refuse admittance to any pet(s) that does not meet or maintain the health, temperament, or other daycare/boarding standards. The determination shall be made by the sole discretion of the facility. _____

I understand that prepaid daycare/boarding packages are nonrefundable and expire after 12 months from the date of purchase. _____

I understand that payment in full is due at time of pick-up. _____

If my authorized representative or I cannot pick up my pet(s) at the agreed pick-up time, I authorize the facility to provide additional overnight and daycare services at my own expense. _____

I understand that drop-off and pick-up times are as follows: Drop – Off (M – F) 9:00AM – NOON,
Pick – Up (M – F) 1:00PM – 3:00PM, Saturday pickup and drop-off times (8:00AM – NOON) _____

Media Release:

I understand that the facility may from time-to-time post photos or videos of pets on Facebook, our website, and/or other marketing materials. I agree to allow the facility to use my dog's name(s) and any images or likeness of my dog(s) taken while he/she is at the facility, in any form, for use at any time, in any media, marketing, advertising, illustration, trad or promotional materials without compensation, and I release to the facility all rights that I may possess or claim to such image, likeness, recording, etc. _____

Liability Release:

I understand and agree that during normal play, my pet(s) may sustain injuries. While social/group play (dogs) is monitored by the facility staff to avoid injury, scratches, punctures, torn ligaments, and other injuries may occur despite the best supervision. I understand and agree that neither the facility nor any of the employees/staff will be liable for any illness, injury, death, and/or escape of my pet(s), provided that reasonable care and precautions are followed and hereby release the facility and employees/staff or any liability whatsoever arising from or as a result of my pet(s) receiving services from the facility. _____

I fully understand and agree to the terms of this Agreement as of _____, 20____ and that such terms will become effective on the first date of service and will continue for an unspecified period of time applicable each and every time I bring my pet(s) in for services at this facility.

Name of Pet(s): _____

Signature of Owner: _____ **Date:** _____

Printed Name of Owner: _____

Contact Phone Numbers : _____