



# Ebenezer Animal Hospital, LLC.

Jay E. Hreiz, V.M.D.  
April Splawn, J.D.  
Lorin D. Lawrence, D.V.M.  
April M. Mafturak, D.V.M.

## BOARDING REGISTRATION

1. Pet's Name \_\_\_\_\_

2. Client's Name \_\_\_\_\_

3. Emergency Contact (Name and Phone number)(**We must have a number that can be reached!**)

\_\_\_\_\_

4. Date of Pick Up: \_\_\_\_\_

Check out time is 11:00 am. Any pets picked up after this time will be charged a full day of boarding with the exception of pets being groomed or bathed.

5. Medications: All medication must be in their original bottle. There is a \$3.00 charge per day to medicate boarding patients. Insulin is charged at \$7.00 per dose.

6. Food: Did you bring your own food? Yes      No

If so, please give the name and feeding instructions. Please also make sure your name is written on the bag or container.

Name \_\_\_\_\_

Instructions \_\_\_\_\_

7. Would you like your pet bathed on the day of pick up? (Pets seem to acquire odors after only a couple of days of boarding. We no longer offer automatic courtesy baths.) There will be an extra charge for bathing your pet. Pets groomed on the day of departure will not be charged for late pickup.

Options:

Basic Bath	Yes	No
Spa Day*	Yes	No

\*Bath, Massage, Nails, Anal Gland Expression, Haircut (if requested)

8. OPTIONAL: Please initial the below release if you have multiple pets that you wish to board or play together.

I request that my pets are boarded in the same kennel or run. I realize that when confined some pets can become aggressive, resulting in injuries. I authorize Ebenezer Animal Hospital, PA to treat any wounds that arise from said confinement. I agree to hold Ebenezer Animal Hospital, PA harmless and assume full responsibility for costs incurred.

Initials of Owner or Owner's Representative \_\_\_\_\_

### VIP Services (Pet Pampering)

1. Provide Comfy Fleece Bedding (\$2.00/day)      Yes      No

2. Playtime: 15 minutes of ball, petting, pool time, laser chasing, etc with a playtime technician. (\$5 per session)  
Please circle how many times per day you would like playtime for your pet

Once per day      or      Twice per day      or      \_\_\_\_\_ total times during boarding

3. Delicious Homemade All Natural Ice Cream Treat: How many would you like your pet to receive during their visit \_\_\_\_\_ (\$2.00 per)

Date:

Account #:

Client Name:

Pet:

Reason for Visit:

Ebenezer Animal Hospital, PA Boarding Agreement

I am the owner or agent of the owner and am fully competent to sign this agreement. I authorize Ebenezer Animal Hospital, PA (EAH) to board my pet(s). I understand that my pet must be up to date on all necessary vaccinations and examinations. If verification of current vaccination and examination are not possible, I understand that my pet(s) will receive the required vaccinations and examinations as listed below. I understand that my pet must be parasite free and that any pet found to have a parasite infestation will be treated with a veterinarian approved treatment at my expense.

*All canines must be current on :  
Full physical exam (yearly), Distemper/Parvo,  
Bordatella, Rabies, and have a negative fecal test (yearly)*

*All felines must be current on:  
Full physical exam (yearly),  
Distemper/Resp, Rabies, and a  
negative FIV/FELV test*

INITIALS \_\_\_\_\_

I, the undersigned realize that if I should fail to notify EAH of a delay in my return and fail to retrieve my animal(s) at the agreed time, my pet(s) may be transferred to an animal shelter or other organization for adoption 10 days after notification of abandonment by EAH pursuant to SC Code of Laws §40-60-280. I realize that I will still be responsible for all boarding and collection fees incurred because of such abandonment.

I understand that EAH does not accept personal items while boarding (toys, blankets, beds, etc) and is not responsible for any personal items left at hospital.

I agree to all terms stated above. I agree to pay for all services rendered upon my return.

\_\_\_\_\_  
Signature of Owner or Representative

\_\_\_\_\_  
Date

**VERY IMPORTANT:** In case of illness or injury with my pet(s) while boarding (We will always attempt to contact you before any treatment. If you are unable to be reached please sign your authorization level below):

OR

I authorize EAH to do whatever is medically or surgically necessary to return my pet(s) to health. I understand that any cost incurred during treatment will be my responsibility.

I DO NOT authorize any medical or surgical treatment if I or my representative cannot be reached. I understand that by signing this, my pet cannot be assisted with any illness or injury, even in an emergency situation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature