



1215 Central Avenue • Summerville, SC 29483
(843) 851-2112

Dr. Chad Reynolds

Dr. Arden Cordoza

Dr. Karen Miller

Thank you for allowing us to care for your pet(s). Please help us meet your needs by taking a moment to complete this form. Thank you!

Date: _____

Your Name: _____ Spouse/Partner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver's License #: _____ Email: _____

PET INFORMATION

Pet #1 Name: _____ Age or D.O.B.: _____

Species: _____ Breed: _____ Color: _____

Male ☐ Neutered ☐ Female ☐ Spayed ☐

Date of last vaccinations: _____ Medical Problems: _____

Pet #2 Name: _____ Age or D.O.B.: _____

Species: _____ Breed: _____ Color: _____

Male ☐ Neutered ☐ Female ☐ Spayed ☐

Date of last vaccinations: _____ Medical Problems: _____

I understand and agree to the following:

ALL dogs and cats must have a current rabies vaccination per SC State laws.

Any pet not picked up within 5 days of discharge will be considered abandoned and his/her welfare will be at the discretion of Central Veterinary Hospital.

Payment is expected for services rendered at time of discharge unless prior arrangements have been made. For your convenience we accept cash, checks, VISA, MC and Care Credit.

How did you hear of us? _____

Signature: _____ Date: _____

Central Veterinary Hospital

Boarding Release Form

Drop off/Pick up hours
Monday-Friday 8:30a.m-5:30p.m Saturday 8:30a.m – 11:30a.m.

Check In Date _____ Check Out Date _____
Emergency Phone #'s _____

Client Name _____

Pet Name _____ Age _____ Sex _____ Color/Markings _____

Physical Problems _____

Medications _____

Pet Name _____ Age _____ Sex _____ Color/Markings _____

Physical Problems _____

Medications _____

Pet Name _____ Age _____ Sex _____ Color/Markings _____

Physical Problems _____

Medications _____

***ALL PETS MUST HAVE DOCUMENTED PROOF OF CURRENT VACCINES AND
NEGATIVE FECAL TEST OR THEY WILL BE UPDATED AT OWNER'S EXPENSE***

My pet(s) needs the following vaccines:

Rabies (specify 1 or 3 year) _____

DHPP (Distemper) _____

Heartworm Test _____

Bordetella (kennel cough) _____

FVRCP (Distemper) _____

FelV (Feline Leukemia) _____

Fecal _____

All of our boarders are fed Science Diet Adult or Puppy/Kitten food unless otherwise specified.
If your pet needs special food or prescription food please advise us at time of drop off. If your pet
runs out of prescription food while boarding we will provide a new bag at owner's expense.

My pet(s) is to be fed the following:

Home/Rx Food (type and amount) _____

Kennel Food (amount) _____

We offer the option of bathing prior to pick-up. Bathing includes nail trim, ear cleaning and anal gland expression. The charge for this service is based on the weight of the pet. *NOTE: If you want a bath performed please arrange to pick-up after 3:00 p.m. to allow ample drying time.*

☐ YES I would like my pet bathed ☐ NO I would not like my pet bathed
Personal belongings are important to pets – please indicate any toys or bedding that your pet brought with him/her: _____



Like you, our greatest concern is the well being of your pet. If medical conditions should arise during your pet's stay we ask your permission to have your pet examined and treated by our veterinarians. There will be an additional charge for this service.

Any pet admitted to boarding with fleas will be treated at owner's expense.

In the event of a mandatory evacuation you are responsible for the evacuation of your pet. Central Veterinary Hospital cannot be responsible for your pet. Circumstances beyond our control during natural disasters (flooding, fallen trees, power outages, gas leaks) may affect your pet's health or life. We will do whatever we can for pets in our care during natural disasters but you must realize that our capabilities may be limited by factors beyond our control.

Thank you for choosing our boarding facility. We will do everything possible to make your pet's stay a pleasant one. This consent is binding for as long as the above mentioned pet(s) boards with us. I certify that I am the owner/guardian of the above named pet. I also release Central Veterinary Hospital from liability concerning my pet being boarded during a natural disaster.

Signature _____ Date _____

Drop off/Pick up hours

Monday-Friday 8:30a.m-5:30p.m

Saturday 8:30a.m – 11:30a.m.

