

Wyatt's Bed & Biscuit Boarding and Grooming

803-335-2828 or 803-292-0888 Fax: 561-327-9817

147 Church St. Montmorenci, SC 29839

BOARDING, GROOMING & VETERINARY RELEASE FORMS

Section 1: CLIENT INFORMATION		
Last Name:	First Name:	MI:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
E-mail:		
IN CASE OF EMERGENCY CONTACT		
Last Name:	First Name:	
Relationship:		
Home Phone:	Cell Phone:	Work Phone:
REQUIREMENTS		
<ul style="list-style-type: none">• All vaccinations must be up to date. Proof is required. This not only protects your own pet, but also ensures good health from neighboring pets. You may bring in proof or have your vet fax proof to: 1-561-327-9817 (must dial 1• Dogs must be on leashes at all times. This includes from the car to the kennel as well as from the kennel to the car. This is a safety issue to protect your pets.• We will accept socialized dogs only. Dogs that are unmanageable or unsafe to people or other animals will not be accepted.• No children will be allowed in the actual kennel containment area to ensure their safety.• We feed Purina One or Pro Plan dry food. Boarders are welcome to provide their own food with complete instructions.• You are welcome to bring personal items for your pets while they are boarded here, however, we will not be held responsible for loss, laundering or damage of items brought from home. Wyatt's Bed & Biscuit will provide all water and food bowls blankets and or beds.• Any pet admitted for boarding that is infested with fleas and or ticks will be bathed and treated at the owners' expense.		

CONTINUE TO THE NEXT PAGE FOR PET AND VETERINARY INFORMATION.

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Section 2: PET INFORMATION AND VETERINARY INSTRUCTION AND RELEASE FORM			
Pet # 1			
Pet's Name:	Age:	Sex:	Breed:
Coloring/Markings:		Spayed or Neutered? Y / N	
Any Medical Problems?		Medications and Dosage:	
Type of Food Pet is Fed:		Frequency and Amount:	
Pet # 2 (for more than 2 pets, please use blank sheet of paper)			
Pet's Name:	Age:	Sex:	Breed:
Coloring/Markings:		Spayed or Neutered? Y / N	
Any Medical Problems?		Medications and Dosage:	
Type of Food Pet is Fed:		Frequency and Amount:	
VETERINARY INFORMATION:			
IF ANY OF THE ABOVE NAMED PETS SHOULD BECOME ILL OR INJURED, I REQUEST THAT WAYTT'S B&B/LORI OR GENE JENKINS TAKE MY PET(S) TO MY PREFERRED VETERINARIAN:			
Hospital: _____ Address: _____ Phone: _____ Veterinarian: _____			

IF MY VET IS UNAVAILABLE, I AUTHORIZE MY PETS TO BE TAKEN TO WYATT'S B&B'S ALTERNATE VETERINARIAN:			
Hospital: <u>Aiken Animal Hospital</u> Address: <u>1181 Banks Mill Rd, Aiken, SC 29803</u> Phone: <u>803-648-4401</u>			
Veterinarian: <u>Dr. Cindy Brown DVM or Dr. Jean Brudvig DVM</u>			
OR TO SEEK HELP AT THE ANIMAL EMERGENCY CLINIC OF AUGUSTA: 1-800-527-0419, OR ANY OTHER ANIMAL EMERGENCY CLINIC AVAILABLE AT THE TIME.			

I give permission to Wyatt's Bed & Biscuit to approve treatment up to \$ _____

- I will assume full responsibility upon my return for payment and or reimbursement for all veterinary services rendered.
- If the above named veterinarians are not available, another vet is acceptable, and same agreement applies.
- I understand that Wyatt's Bed & Biscuit assumes no responsibility for the actions & decisions of veterinary staff, or the loss of my pet.
- If any veterinary emergency should arise, I understand that I will be contacted by Wyatt's B&B as soon as possible.
- This agreement is valid from the date signed below and grants permission for future veterinary care without the need for additional authorizations, during each time Wyatt's B&B cares for my pet.

IF THE ABOVE INFORMATION IS CORRECT AND YOU AGREE WITH OUR TERMS AND CONDITIONS PLEASE SIGN AND DATE BELOW:

OWNERS NAME: (please print) _____, **DATE:** _____

OWNERS SIGNATURE: _____