



811 East Main Street
Lexington, SC 29073
803.359.1933 (p) / 803.359.6236 (f)

Boarding Service Agreement

Owner: _____
Pet(s) Name(s): _____
Check-In Date: _____ Check-Out Date: _____
Emergency Contact Name & Phone: _____

Welcome to Millcreek Animal Hospital! **Please initial each line item**, stating that you agree to allow us to provide boarding services for your pet(s).

___ Drop-off and pick-up of pet(s) is *7:30 am – 6:00 pm on weekdays and 9:00 am – 12:00 pm on Saturdays*.

___ Millcreek strongly urges you NOT to bring any bedding, toys, blankets or towels for your pet(s). We have enough here for everyone! If you must leave any belongs, please understand we are not responsible for lost or damaged property.

___ Millcreek disclaims any liability for pets except to provide reasonable care and service. As the owner, you acknowledge that your pet is boarded solely at your risk. If your pet is not picked up 7 days after checkout date listed above, you acknowledge that Millcreek shall have an express chattel lien on your pet(s) and pet(s) may be sold or otherwise given to an SPCA or there person to satisfy liens for nonpayment of services.

___ Generally, a complimentary bath is given to dogs only on the morning of your pet(s) last weekday in the kennel. This bath will be given to patients who board more than 2 nights. If there is a chance you will be returning early, please let us know in advance. If you are to pick up your pet(s) early, there is no guarantee your pet(s) will be bathed.

___ ALL PETS MUST BE CURRENT ON ALL VACCINES. IF VALID RECORDS FROM A LICENSED VETERINARIAN ARE NOT PROVIDED AT TIME OF DROP-OFF, THE PET(S) WILL BE VACCINATED AT YOUR EXPENSE.

___ ALL PETS MUST BE FREE FROM FLEAS AND TICKS WHILE BOARDING. ANY PETS HAVING EXTERNAL PARASITES WILL BE TREATED AT YOUR EXPENSE.

If a medical problem is noted while you pet is staying with us, do we have your permission to examine and treat as necessary?

___ Yes, please proceed with any treatment deemed necessary by the staff doctor and or technician.

___ No, please contact who I have listed as the Emergency Contact above before any treatment is given.

I, as the pet owner, hereby certify that I agree to these provisions. I further agree that by executing this agreement, on one entry of my pet(s) into this kennel at Millcreek, the provisions hereby constitute an agreement between Millcreek Animal Hospital and me for any subsequent boarding of the above listed pet(s).

SIGNATURE _____ DATE _____