

GRIFFIN ANIMAL HOSPITAL
1510 BARNWELL STREET
COLUMBIA, SC 29201
Phone: 803-758-1333 Fax: 803-758-2999
www.griffinanimalhospital.com

BOARDING AUTHORIZATION

Date: _____ Client ID #: _____

Client Name: _____ Patient Name(s): _____

Emergency Contact Numbers: _____

I hereby entrust Griffin Animal Hospital to care for my pet during its stay today and for future boarding. **I understand that there will be a cancellation fee of ½ the total boarding charges if reservations are not cancelled at least 72 hours prior to boarding. This policy is in effect for all major holidays (i.e. Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas, and New Years) or times when the kennels are full.**

If my pet is overdue for vaccination or proof of vaccination is not available, vaccines will be administered by Griffin Animal Hospital at our normal fees prior to admission.

Griffin Animal Hospital is to use all reasonable precautions against illness, injury or escape of my pet, but they will not be held liable or responsible in any manner whatsoever.

In the event that my pet becomes ill or injured, I request that Griffin Animal Hospital provide all medical/surgical treatment they deem necessary. I acknowledge that in the event of my pet's illness, the staff at Griffin Animal Hospital may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I or my pet's agent can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

I understand that toys, beds, blankets, etc. are welcome and that every effort to care for these items will be taken. However, Griffin Animal Hospital will not be held responsible for belongings that are lost or damaged.

I understand that it is my responsibility to inform Griffin Animal Hospital of any special diet, or of any medications that my pet needs. I understand that if my pet is on medication that a fee is charged to administer these medications.

Please plan on dropping off and picking your pet up a minimum of 30 minutes before the office closes. **On holidays, please do not call or arrive at the hospital anticipating the release of your pet as the workers scheduled are strictly animal attendants and are not trained or authorized to release your pet.**

THIS FORM WILL STAY ON PERMANENT RECORD OR UNTIL FURTHER NOTIFIED BY THE OWNER.

Signed: _____ Date: _____

The person signing must be the legal owner and the financially responsible party.