

Fairfield Animal Hospital
15040 Fairfield Village Drive, Suite 100
Cypress, TX 77433
P: 281-256-3150 F:281-213-3625

Boarding Agreement

Drop off date: ___/___/___ Time: ___:___ am/pm
Pick up date: ___/___/___ Time: ___:___ am/pm

Owner First Name: _____ **Last Name:** _____

Owner's Phone: _____

Person(s) to contact in case of emergency:

1. **Name** _____ **Phone:** _____
2. **Name** _____ **Phone:** _____

My Pet's belongings (Carrier, Toys, etc.): _____

Feeding Instructions:

Type: _____ **Amount:** _____

Frequency (i.e. once daily, free feed, etc.): _____

*If no food is dropped off with pet, they will be fed Purina™ or Science Diet™ Adult Maintenance.

Medication instructions (if applicable):

1. **Medication:** _____ **When given:** _____
2. **Medication:** _____ **When given:** _____
3. **Medication:** _____ **When given:** _____

Does your pet have any medical issues (i.e. Diabetes, hyper/hypothyroidism, history of seizures, etc.)? _____

Does your pet have any issues you would like the doctor to examine (an exam fee will be charged)? _____

Would you like any other services performed on your pet during their stay? Fees may apply.

___ **Nail Trim** ___ **Anal Gland Expression** ___ **Other:** _____

For Your Pet's Health

Vaccination Policy

To ensure the protection of all pets under our care, the following must be up to date.

Dogs: Rabies ___ DHPP ___ Bordetella ___ Fecal ___

Cats: Rabies ___ FVRCP ___

If not up to date, or unable to provide proof of vaccination, I give permission to update my pet's vaccinations in accordance with the above policy. _____ **<Initial Here**

In addition, if any fleas/ticks are observed on my pet while boarding, they will receive a flea/tick treatment at an additional cost. _____ **<Initial Here**

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Medical Illness Policy

One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options, and estimate of additional costs. However, if no one can be reached, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition. **PLEASE SELECT ONLY ONE OPTION.**

_____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

_____ I authorize the following amount in medical care for my pet until someone can be reached. \$_____ \$100 \$200

_____ Do not administer any medical treatment until specific authorization is given.

Special Considerations

Occasionally some boarding pets may bark excessively which can be disruptive to the hospital environment. To lessen anxiety among both boarders and hospitalized patients, boarded pets that bark excessively may be given an oral tranquilizer at the doctor's discretion. _____ **<Initial here**

I have read and understand this agreement. I fully intend to pick up my animal on the above specified date. If circumstances change, I will notify Fairfield Animal Hospital of a new pick up date.

Owner/Agent Signature: _____ Date: _____
Owner/Agent Printed Name: _____