

Office Use Only
Grooming Reservation?
Date _____
Time _____

Boarding Agreement

Drop off date: ____/____/____

Pick up date: ____/____/____ Time: _____ AM/PM

Owner's Last Name _____ First Name _____ Pet's Name _____

Owner's Phone: _____

Person(s) to contact in case of emergency:

1. Name _____ Phone: _____

2. Name _____ Phone: _____

Pet's belongings (Carrier, toys, etc. **Bedding not permitted**): _____

FEEDING INSTRUCTIONS While boarding please feed: Clinic food Food from home

Type: _____ Amount: _____ once daily / twice daily / free feed

Additional instructions: _____ Next meal due? _____

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

MEDICATION INSTRUCTIONS (if applicable). A medical fee will be assessed at the rate of \$5.50 per day for oral administration and \$11.00 per day for injection administration.

1. Medication: _____ Instructions: _____ Next dose due: _____

2. Medication: _____ Instructions: _____ Next dose due: _____

3. Medication: _____ Instructions: _____ Next dose due: _____

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

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

Does pet have a reservation booked with our Groomer during their stay? Yes No

Would you like to take advantage of our **reduced price exit bath prior to check-out?** Yes No

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

Nail Trim Anal Gland Expression

Admitted by: _____ **Lead Tech Check:** _____

VACCINATION POLICY

To ensure the protection of all pets under our care, the vaccines shown below must be current.

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Dogs:	Rabies _____	DHPP (Distemper/Parvo) _____	Bordetella (Kennel Cough) _____	
	CIV (Canine Flu HSN2, 2 doses) _____	Fecal _____	CURRENT _____	
Cats:	Rabies _____	FVRCP _____	FeLV _____	CURRENT _____

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

All animals must be on a parasite control product. If any fleas or ticks are observed on pet while boarding, they will receive a flea/tick treatment at an additional cost. _____ **<Initial Here**

MEDICAL ILLNESS POLICY

Occasionally the **stress of boarding can lead to digestive upset**. In the event your pet experiences vomiting and or diarrhea, it can be treated with probiotics and or antibiotics depending on the severity of the problem. Please note, we are only able to prescribe medications for pets that have been seen by a Doctor at Fairfield Animal Hospital within the last year. If you pet has not been seen by one of our practitioners, he/she will require an exam prior to any medications being dispensed or given. **Please circle ANY/ALL of the following you approve:**

PROBIOTICS ANTIBIOTICS EXAM FECAL NONE

One of the advantages of boarding pet at a veterinary hospital is that medical attention is readily available should the need arise. **If pet becomes ill, we will call the emergency number(s) listed above regarding their symptoms and treatment options, and will provide an estimate of the associated costs.**

However, in the event we cannot reach you or either of the emergency contacts specified, please indicate your wishes below, should 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 pet until someone can be reached. This includes only non-elective treatments and necessary diagnostics.

_____ **I authorize the following amount** in medical care for pet until someone can be reached. \$ _____ \$100.00 \$200.00

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

ONE-ON-ONE PLAY TIME

We offer 20 minute “one-on-one” private play time sessions outdoors (weather permitting) with a Kennel Technician at the rate of \$11.00 per session.

Would you like pet to enjoy **One-on-One Play time**? Yes No

How many **sessions per day**? _____

LATE CHECK-OUT

All boarders are to be checked out no later than 11am. Should pet be checked out and picked up **after 11am** a fee in the amount of \$11.00 will apply **per pet**. _____ **<Initial here**

SPECIAL CONSIDERATIONS

On occasion, some boarding pets 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 (additional cost applies). _____ **<Initial here**

This facility is first and foremost a hospital. We closely monitor all pets left in our care. Our staff carefully observes and documents daily food consumption and eliminations for each pet. Boarding can be stressful and occasionally a pet may stop eating, or eat less than they normally do. When this occurs, we incorporate a low residue, readily digestible can food into your pet’s diet to encourage them to eat. The cost of the food is up to \$3.00 **per can** depending on the species and size of pet. _____ **<Initial here**

I have read and understand this agreement. I fully intend to pick pet up on the date specified above. Should circumstances change, I will notify Fairfield Animal Hospital of a new pick up date as soon as possible.

Owner/Agent Signature: _____ Date: _____

Owner/Agent Printed Name: _____