



Boarding Agreement

Location: _____

Patient: _____

Drop off date: _____

Owner Name: _____

Pick up date: _____

Owner's Phone: _____

Person(s) to contact in case of emergency:

Name _____ Phone: _____

Name _____ Phone: _____

All of your pet's linens and toys are washed daily so we discourage leaving any belongings that you do not want damaged or lost. **ALL BELONGINGS MUST BE LABELED.** Please list _____

FEEDING INSTRUCTIONS

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.

Does your pet have any issues you would like the doctor to examine?

(additional fees apply) _____

History of medical issues (i.e. diabetes, hyper/hypothyroidism, seizures, ect?) _____

MEDICATION INSTRUCTIONS (if applicable). A **daily** administration fee will be assessed of **\$7.00 for oral administration** and **\$15.00 for injection administration**.

Medication: _____ Instructions: _____ Next dose due: _____

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Would you like to take advantage of any additional services

___ Bath only (Non-aggressive **DOGS ONLY**) **0-26#** (\$18.06) **26-50#** (\$21.38) **51-80#** (\$24.47) **81+** (\$34.69)

[Prices are subject to change]

___ Nail Trim (\$19.97)

___ Anal Gland Expression (\$21.88)

GROOMING –Scheduling prior to your visit is required

DOES your pet currently have a scheduled grooming appointment? YES / NO

If so, when? Date _____ Time _____.

Instructions for groomer _____

VACCINATION POLICY To ensure the protection of all pets under our care, dogs must be vaccinated for RABIES, DHPP, LEPTO and BORDETELLA **at least 1 week prior to boarding** and cats must be vaccinated for RABIES and FELV.

MEDICAL ILLNESS POLICY

One of the advantages of boarding at a veterinary hospital is that medical attention is readily available should the need arise. 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 may incorporate a bland, readily digestible can food into your pet’s diet to encourage them to eat. The cost of the food can vary up to \$5.00 per can depending on the species and size. If your pet becomes ill, we will call the emergency number(s) listed above regarding their symptoms and treatment options and will provide a care plan and the associated costs.

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

_____ I **authorize the following amount** in medical care until someone can be reached.

_____ \$100 _____ \$200 _____ OTHER

ONE ON ONE PLAYTIME- 20 additional minutes “one-on-one” private play sessions outdoors (weather permitting) with a Kennel Technician is available for an additional charge at the rate of \$11.88 per session.

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

How many sessions per day? ONCE / TWICE

LATE CHECK-OUT Checkout **after 11am** will incur additional charges of \$11.88 per pet.

SPECIAL CONSIDERATIONS - Anxiety / Aggression

On occasion, some boarding pets can have excessive anxiety which may lead to aggression or be disruptive to the hospital environment. To decrease anxiety among both boarders and hospitalized patients, boarded pets that are disruptive or aggressive may be given an oral tranquilizer at the doctor’s discretion (additional cost applies). In an attempt to eliminate stress for other boarders and staff safety we reserve the right to decline future stays in our facility.

I have read and understand this agreement. I fully intend to pick 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.

Signature of Owner/Agent: _____ **Date:** _____