



Boarding Agreement

Drop off date: ___/___/___

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

Owner: _____

Owner's Phone: _____

Person(s) to contact in case of emergency:

1. Name _____ Phone: _____

2. Name _____ Phone: _____

Animal's belongings (Carrier, Toys, etc. No additional bedding allowed): _____

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). A medical fee will be assessed at the rate of \$4.00 per day for oral administration and \$8.00 per day for injectable administration.

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 to take advantage of our reduced price exit bath prior to check-out? ____Yes ____No

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

Nail Trim ____ Anal Gland Expression ____ Grooming ____ Other: _____



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This facility is first and foremost a hospital. We carefully monitor all pets left in our care. Our staff carefully observes and documents all 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 your pet. _____ **<Initial here**

I have read and understand this agreement. I fully intend to pick up my pet 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: _____