

Boarding Admission Form

Date _____ Pick Up Date _____

Owner's Name _____ Pet's Name _____

Emergency Phone # _____ Contact Person _____

***Reminder:** Boarding fees are calculated on the number of nights spent in the hospital for **each individual pet**.

Authorization For Treatment

If my pet should become ill and require surgical or medical treatment, I give my permission for the staff to do whatever necessary for my pet's well being. I will be responsible for any additional expenses that may occur if my pet becomes ill.

Medications: _____

Special Feedings: _____

***** There is an additional charge for administering medications.***** _____ **Initials**

Vaccinations

Even though your pet is never in direct contact with other animals while boarding, the possibility of contagious disease is always present. We therefore require animals to be current with rabies, their yearly DHLPP for dogs, FVRCP for cats. An exam is done with these vaccinations, there is a fee for this service. **A vaccine to protect against kennel cough is required annually for dogs boarding with us.**

Vaccinations: DHLPP LEPTO RABIES FVRCP FELUK KENNEL COUGH

Other Services Offered

1. Examination _____
2. Bath : W/nail trim W/flea treatment Clean up bath Date bath to be done _____
(Baths are done in the AM and can be picked up after 2:00PM)
3. Nail Trim
4. Heartworm Test Feline Leukemia Test
5. Walking permission: **I will not hold Fairview Veterinary Hospital and/or it's employees responsible if anything should happen while my dog is outside of the building.**

Signature for walking _____

Release Authorization: If someone other than the owner is to pick up a pet from boarding, please let us know when that pet is brought in. We will not release an animal to someone other than the owner without prior authorization from the owner.

Exceptions _____

***Pets Personal Belongings** We do not accept pets personal belongings.*

I have read and fully understand the above form.

Signature _____