

# BOARDING AGREEMENT

## FAIRVIEW ANIMAL CLINIC

Arrival Date: \_\_\_\_\_

Date of Pick-Up: \_\_\_\_\_ AM / PM  
(pet's receiving bath can go home after 3)

**Pet Boarding:** \_\_\_\_\_ **Bath: Yes No Medication: Yes No**

Owner: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Other Contact: \_\_\_\_\_

**Pet's Belongings** (i.e. toys, food, blankets) *Please be specific so we know exactly what to send home:*

\_\_\_\_\_  
\_\_\_\_\_

**Feeding Instructions** *Circle One:* **Clinic Food** or **My Food**

When did your pet(s) last eat? \_\_\_\_\_

Feeding amount: \_\_\_\_\_

If your pet isn't eating, would you like for us to try adding water or wet food to entice them? Yes:  No:

**Additional Instructions:** \_\_\_\_\_

*Please read the following policies fully before signing.*

**Vaccination Policy:** To ensure the protection of all pets under our care the following are required:

**Dogs:** Rabies DAPP Influenza Bordetella (6m) Fecal Float

**Cats:** Rabies FVRCP Fecal Float

**\*\*My pet(s) are up to date on these services:** \_\_\_\_\_ (initial)

**Parasite Policy:** If any fleas/ticks/intestinal parasites are observed while boarding, the pet will be treated at the owner's expense. Approximate cost is \$10-\$20 depending on the size of your pet.

**\*\*I understand the Parasite Policy:** \_\_\_\_\_ (initial)

**Medical Illness Policy:** We will always try to contact you should your pet become sick/injured while boarding. In the event that your pet exhibits life-threatening/severe symptoms and you cannot be reached, the veterinarian will begin treatment.

**\*\*I understand the Medical Illness Policy:** \_\_\_\_\_ (initial)

I have read and understand this agreement. I intend to pick my pet(s) up on the specified date and if circumstances should change, I will notify the office of the new pick-up date.

Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

