

**Vaccination Policy:** To insure the protection of all pets under our care, it is our policy that your pet's vaccinations must be up to date. I give my permission for Fairwood Animal Hospital to update my pet's vaccinations in accordance with this policy.

**External Parasite Policy:** I understand that if my pet shows evidence of fleas, that there will be a flea medication and/or spray required upon admission.

**Medical Illness Policy:** One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available should the need arise. If one of your pets becomes ill, we will call the emergency number given below regarding your pet's symptoms, treatment options, and estimate of additional costs. **If no one can be reached**, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition:

<b>CHOOSE ONE</b>	<input type="checkbox"/> Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. <i>This includes <b>only</b> emergency treatments and any necessary diagnostics.</i>
	<input type="checkbox"/> Until I can be reached, I authorize treatment up to (check one) ◇ \$100      ◇ \$250      ◇ Other \$ _____
	<input type="checkbox"/> In the event of injury or illness, I wish Fairwood Animal Hospital to administer life-saving and emergency treatment only; I authorize my clinic: _____ to provide any non-emergency procedures / treatments that may be deemed necessary. I will pay for these services as well as any transportation charges to said facility upon my return.

**\*\*\*While boarding your pet, it is very common that due to stress, your pet can experience diarrhea. This occurrence is easy to relieve by changing the diet to something more bland as well as giving an injection to slow down the intestinal tract and provide antibacterial protection:**

**Pet Comfort Policy:** In the event that your pet shows signs of undue stress, a veterinarian on staff at Fairwood Animal Hospital will prescribe a tranquilizer/injection to reduce the stress and to prevent injury to either your pet or members of the staff at Fairwood Animal Hospital. I give my permission for Fairwood Animal Hospital to administer a tranquilizer/injection to my pet, should the veterinarian recommend it.

**Animal Pickup Policy:** Pick up times are **8:00am to Noon Monday – Friday, and 8:00am to 11:00am on Saturday.** I understand that if I am late there will be additional charges. I fully intend to pick up my pet on or around the specified date. If circumstances change I will notify Fairwood Animal Hospital of a new pick up date. I understand that if I have not picked up my pet or contacted Fairwood Animal Hospital within 7 days of my checkout date, I waive all rights as owner.

**Payment Policy:** I understand that all fees, including fees for above services, are payable at the time of checkout.

**\*\* I HAVE READ AND AGREE TO THE TERMS OF THIS BOARDING AGREEMENT. \*\***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Owner or Authorized Agent      Date      **Authorization to Pick Up**  
*(\*\*Requires pre-payment of services\*\*)*

Emergency Contact # : (\_\_\_\_) \_\_\_\_\_ Other Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ **Receptionist's Initials** \_\_\_\_\_