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 prior to their scheduled boarding dates.
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 and that I will be responsible for the additional costs accrued for treatment, as well as isolation boarding.
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 numbers 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:
CHOOSE ONE	Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. (<i>This includes diagnostics and treatment, as needed. Price may vary.</i>) Please only perform services up to (check one) until I can be reached. \$\frac{100}{\$100}\$\$ \$\frac{100}{\$250}\$
Animal Pickup Policy:	Pick up times are 7:30am to 11:30am Monday – Friday, and 8:00am to 11:30am on Saturday. I understand that if I am late there will be an additional half-day charge. 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 of ownership.
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 Authoriz	zed Agent Date Authorization to Pick Up
Best Contact Number (
Emergency Contact Name _	Phone Number () Other Phone Numbers:()