

# Fairlea Animal Hospital

## Boarding Consent Form

\_\_\_\_\_  
Owner's name

\_\_\_\_\_  
Pet's name

### Contact Information:

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

Cell Phone: \_\_\_\_\_

Pick-up Date & Time: \_\_\_\_\_

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

### Vaccinations:

Canine: **DHLPP:** UTD  / GIVE   
**Lyme:** UTD  / GIVE

**Bordetella:** UTD  / GIVE

**Rabies:** UTD  / GIVE

Feline: **FVRCPC:** UTD  / GIVE

**Leukemia:** UTD  / GIVE

**Rabies:** UTD  / GIVE

Additional Info: \_\_\_\_\_

### Diet:

Own food provided

Hospital to provide food (Hill's Science Diet Original Adult Formula)

Has your pet eaten today? Yes  No

Feeding Instructions

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

**Medications:**

Medication Name	Dose in a.m.	Dose in p.m.	Given today?

**While your pet is here, would you like any additional services?**

Yes / No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Save This Life Micro-chip (\$30 includes micro-chip and lifetime enrollment) |
| <input type="checkbox"/> | <input type="checkbox"/> | Heartworm/Tick Test  |
| <input type="checkbox"/> | <input type="checkbox"/> | Flea/tick treatment  |
| <input type="checkbox"/> | <input type="checkbox"/> | Boarder Bath   |
| <input type="checkbox"/> | <input type="checkbox"/> | Nail Trim  |
| <input type="checkbox"/> | <input type="checkbox"/> | Veterinary Examination   |

**\*\*\*REQUIREMENTS FOR BOARDING\*\*\***

1. All animals must be current on all vaccinations. **\*If your pet requires vaccination during their boarding stay, there will be a vaccination exam fee.\***
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Fairlea Animal Hospital has my permission to perform medical treatments deemed necessary by the staff veterinarian pending contact with the pet(s) owner.

I hereby consent and authorize Fairlea Animal Hospital to receive and board my pet(s). I understand that the hospital will use all reasonable precautions for the safekeeping of the described pet(s), but the hospital will not be held responsible for any medical situations that may arise, as it is thoroughly understood that I assume all risks. I also understand that hospital personnel are not present continuously after normal business hours.

**I have read the boarding requirements and understand the hospital's policies.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Staff member reviewing form \_\_\_\_\_