



FAIRVIEW ANIMAL HOSPITAL
Boarding Policy

Owner Name: _____

*Fairview Animal Hospital cannot guarantee the return of any items provided by clients. Items provided by clients may be laundered and/or bleached during your pet's stay. Items that are not picked up at time of pet's release are considered to be donations. **Initials:** _____

*All reasonable precautions will be taken to protect your pet from injury or escape. However, we cannot be responsible for the actions of the pet that may lead to inadvertant injury or escape. **Initials:** _____

*I authorize and agree to pay for treatment if my pet becomes ill during his/her stay and if you are unable to reach me or my emergency contact. ___Yes ___No **Initials:** _____

*I understand my instructions concerning authorization of treatment will remain in full force and effect unless/until I notify Fairview Animal Hospital **in writing** of a change. **Initials:** _____

*I am aware that if the vaccines are not verified within 24 hours, Fairview Animal Hospital will vaccinate my pet at my expense. **Initials:** _____

*I understand that if my pet is found to have fleas, he/she will be de-fleaed at my expense. **Initials:** _____

* I understand that if my pet does not have an intestinal parasite (fecal) test showing no parasites, dated within the last year, AND if I cannot show proof that my pet has been on a monthly preventive since his/her last test, a fecal test and deworming will be required, at my expense. **Initials:** _____

I have read and understand the above policies:

Signature

Date