

Boarding Agreement

Owner's Name _____ **Pet's Name(s)** _____

Emergency Contact and Number _____

Date to pick up: _____ **(Total: _____ nights)** **Approximate pick up time:** _____

1. **Vaccines:** Vaccines should be current for boarding. Otherwise, all vaccines will be given before boarding at owner's expense.

() Yes, I have the proof of vaccines () No, my pet's vaccines are not current.

2. **Flea control:** Flea medicine will be applied if your pet's flea control is not current (Additional charge: \$18-22).

3. **Diet:** If owner doesn't bring food, we will feed Rx food. Extra fee will be charged.

Cf. Raw food is not allowed in this facility due to zoonotic risks.

() Yes, I provide food for my pet. () No, I don't have food for my pet.

Please outline feeding instructions:

4. **Medication:** If your pet has any medicines to take, extra \$3/day will be charged for administering medicines.

Please list medicines with direction:

5. **Boarding fee schedule(per night)**

Cat	Dog 1-20lbs	Dog 21-40lbs	Dog 41-60lbs	Dog over 60lbs
\$18	\$22	\$25	\$28	\$32

(Additional charge for half day will be applied if you pick up your pet after 12pm)

6. **Authorization of medical services in case of illness of your pet**

() Yes, I authorize all medical or surgical treatment if deems necessary, with fees not to exceed \$ _____

() No, I do not authorize any medical or surgical treatment. Please call first for authorization.

7. **I understand that there will be no Staff present between the hours of 6:00pm-8:00am. There will be no emergency treatment available between these hours.**

8. **Complimentary bath(dog only, boarding for 3 nights or longer)**

() Yes, I want bath for my pets () No, I don't want bath for my pets

I agree to make complete payment to Fairview Pet Hospital at the time of discharge, or in advance if I am a new client. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to my home address, my pet will be considered abandoned and will be handled in accordance with California state law, and that doing so does not relieve me of any financial obligations.

I have read the above and I am in full agreement

Signature of Owner

Date

Boarding agreement is reviewed and estimate is prepared by _____ **(Staff Name and Initial)**