

Fairbanks Animal Clinic Boarding Agreement and Card recp. initials _____

Pet's Name _____ Owner's Name _____

BREED: _____ SEX: _____ AGE: _____ COLOR/MARKINGS: _____

Emergency Phone # _____

Boarding from Day & Date _____, _____ to _____, _____

Diet _____ Amount _____ Once or Twice Per Day (circle one)

Do you want your pet to receive a bath? yes no Date: ____ - ____ - ____

Please list any Needs or Other Concerns while Boarding:

List Medications Left and Directions: (\$3 charge for each trip to give medications)

We discourage all items (Large Treats/Toys and Bedding) in the kennels, as pets may chew and swallow them, and may require to be surgically removed. We also cannot handle an overload of pet items or directions. If you choose to leave any items with your pet while boarding, please make sure that you label all items.

FAIRBANKS ANIMAL CLINIC IS NOT RESPONSIBLE FOR ANY LOST OR DAMAGED ITEMS! _____ (Owner Initials)

The few items left are? _____

Describe: Collar _____ Leash _____ Carrier (color) _____

Is anyone else allowed to pick up and pay for, or make decisions regarding your pet?

Name: _____ Phone: _____

Clean Blanket \$2 for entire stay: _____

Unless there is a medical reason, the following are required to board your pet:

1. *Current Rabies vaccine (required by law)*
2. *Current vaccines for contagious diseases*

*We will keep sick pets away from healthy pets and vaccinated pets separated from unvaccinated pets in our clinic. I agree to have my pet kenneled and cared for by Fairbanks Animal Clinic. I accept and understand the shared concerns and responsibilities for my pet and will pay according to clinic policy. *If your pet has fleas we will treat at owner's expense.**

_____/_____ (Signature/Date)