FAIRVIEW ANIMAL HOSPITAL
Boarder Check In

Owner Name:_____
Pet Name:_____
Drop Off Date:_____ Pick Up Date:_____ Weight: _____
Items Brought:_____
Owner Contact Number:_____
Emergency Contact Number:_____
Authorized to pick up/visit:_____

*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 am aware that if the vaccines are not verified within 24 hours, Fairview Animal Hospital will vaccinate my pet and I will be responsible for the costs of these vaccines. **Initials:**_____

I have read and understand the above policies:

_____

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Diet:_____Feed: ___Once ___Twice ___Free
Bath: _____Bath w/Flea Control _____Reg. Bath _____Med. Bath
Shampoo Type_____
___Nail Trim ___Anal Glands ___Ear Cleaning
Medications:
Name:_____ Size: _____Dose:_____ Frequency:_____ Last Given:_____
Name:_____ Size: _____Dose:_____ Frequency:_____ Last Given:_____
Name:_____ Size: _____Dose:_____ Frequency:_____ Last Given:_____
Name:_____ Size: _____Dose:_____ Frequency:_____ Last Given:_____
Refills Needed?:_____
Exam needed? (List presenting complaint):_____
Current on ALL vaccines?: ___Yes ___No
If yes, fill in last date given:
RV:_____ DHPPV:_____ FVRCP/FELV: _____
KC:_____ Fecal_____Status Verified By:_____
If no, which vaccines are needed?:_____