

Owner: Pet: Date: _____

Phone Number where you can be reached while is boarding with Fairway:

Name and Phone Number of a responsible local party who can be reached in case we are unable to contact you in the event of an emergency:

Date is to be picked up: _____

Preferred Diet:

Medication(s) to be given while boarding:

1. _____ at _____ a.m. _____ p.m.
2. _____ at _____ a.m. _____ p.m.
3. _____ at _____ a.m. _____ p.m.

While in the hospital, please check my pet for the following (please give specifics): _____

We realize that many pets may feel more comfortable if a familiar item (toy, blanket, etc.) is placed in compartment while you are away. Please clearly label these items with your name. Please list any such items:

* If medications are necessary for treatment, I give my permission to Fairway Animal Hospital to administer such medications.

* All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.)

* I also authorize Fairway Animal Hospital to do whatever is necessary in case of illness or an emergency situation.

Print Name: _____

Signature: _____