

Fairmount Animal Hospital

Boarding Sheet

Contact

Name: _____

Phone: _____

Secondary Contact

Name: _____

Phone: _____

Flea Control

Fairmount Animal Hospital is a flea free zone, any pet that shows signs of fleas will be treated at the owner's expense.

Personal Items

Please be advised that toys, blankets etc. that are admitted with the patient can be lost. Please have all items labeled to prevent this from happening.

Aggression

Due to the intimate size of our boarding facility, aggressive animals will be discharged at our discretion. This includes both animal aggression and human aggression.

Pre-Existing Medical Condition(s)

Please tell us if your pet has any pre-existing medical conditions such as seizures, allergy's, etc.

Should _____ become ill, I request that the doctors at Fairmount Animal Hospital provide medical/surgical treatment that is deemed necessary, with fees that not exceed \$_____.00. I acknowledge that in the event of my pet's illness, the doctors of Fairmount Animal Hospital may not be able to contact me immediately and are therefore authorized to initiate treatment until I (or pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

Signature

Date