

**CURRENT HEALTH**

IS YOUR PET CURRENTLY COUGHING OR SNEEZING? ( Circle) YES / NO

DOES YOUR PET REQUIRE ANY DAILY MEDICATIONS? ( Circle) YES / NO

DO YOU GIVE PERMISSION TO FAIRFIELD PET HOSPITAL TO TREAT YOUR PET IN THE CASE OF A MEDICAL EMERGENCY? ( Circle) YES / NO  
(Additional fees will apply)

DOES YOUR PET CHEW BLANKETS OR TOWELS? ( Circle) YES / NO

**SPECIAL OPTIONS FOR YOUR PET (Please check all that you would like during your stay)**

- Comprehensive Physical Exam (Treatments and Medications prescribed by the DVM are additional)
- Medical Progress Examination
- Pedicure
- Feline Leukemia Test
- Fecal Parasite Examination
- FIV Test
- Frontline Application/ Capstar Admin.
- Heartworm Test
- Bath \_\_\_\_\_ Includes Pedicure and anal gland expression. Those receiving a complimentary, basic bath after a 5 night stay will be \$5 off the regular bath/grooming.
- Prescription Refill \_\_\_\_\_
- Other Special Request \_\_\_\_\_

**This Area Will Be Completed By Staff**

**SPECIAL OPTIONS** \$ \_\_\_\_\_

**BOARDING RATE**

Nightly Rate \$ \_\_\_\_\_ per pet per day  
(Includes feeding Science Diet Maintenance. Other Science Diet foods can be purchased)

Special Diet Purchased \$ \_\_\_\_\_

Cooperative dogs staying five nights or more will receive a "basic bath"  
(Excludes early pickups and holidays as well as fearful pets)

Administration of medications is an additional \$ \_\_\_\_\_ per pet per day

Number of Nights Reserved \_\_\_\_\_

Discounts Applicable (Length of Stay, Senior, Other ) \$ \_\_\_\_\_

**BOARDING** \$ \_\_\_\_\_

**ESTIMATED TOTAL BOTH SECTIONS** \$ \_\_\_\_\_

I UNDERSTAND THAT MY PET WILL BE TREATED FOR ANY EXTERNAL OR INTERNAL PARASITES (INCLUDING FLEAS) AT AN ADDITIONAL FEE.

Signature of Estimate Acceptance \_\_\_\_\_ Date \_\_\_\_\_

Clerical Staff \_\_\_\_\_ Admitting Staff \_\_\_\_\_ Flea Comb + / ---  
Prepaid Yes No