



FAIRFIELD PET HOSPITAL'S BOARDING ADMISSION FORM



CLIENT/DESTINATION INFORMATION

OWNER'S NAME _____

TRAVEL DESTINATION _____

DESTINATION PHONE (OR NUMBER YOU CAN BE REACHED) _____

NAME OF LOCAL CONTACT _____

PHONE NUMBER _____

PET'S INFORMATION

Animal Name	#1	#2	#3
Breed	_____	_____	_____
Weight/Color	_____	_____	_____
Medications While Boarding	_____	_____	_____
Medical Problems	_____	_____	_____
Diet Type (Circle)	Wet/Dry/Combo	Wet/Dry/Combo	Wet/Dry/Combo
*Special Diet You will be bringing	_____	_____	_____
*Personal Items (max of 3)	_____	_____	_____
*Collar Color	_____	_____	_____

VACCINATION AND PREVENTATIVE HEALTHCARE

The following Vaccinations & Treatments are required to be current: completed by staff

Feline

FVRCP	_____	_____	_____
Rabies	_____	_____	_____
Fecal	_____	_____	_____

Canine

DHLPP	_____	_____	_____
DA2PP- Ext	_____	_____	_____
Lepto ext	_____	_____	_____
Rabies	_____	_____	_____
Bordatella	_____	_____	_____
Fecal	_____	_____	_____

EXERCISE REQUESTS

Canines: Daily outdoor exercise for dogs in the outside six feet high enclosure?

1. On Leash Only 2. Supervised/ Off Leash 3. Unsupervised/ Off Leash

Fairfield Pet Hospital will not be responsible for any injuries that may occur while off leash or unsupervised.

ADMISSION DATE _____

PICK UP DATE _____

Contin