## West Chester Veterinary Care – Lodging care instructions

Patient Identification			
Pet's Name		CI	ient's Name
Allergies:			
□ WCVC diet			
Own food:			*this is a hypoallergenic diet □
Amount:			
	□Morning [	⊐Noon □Night	
□ Yes □ N please offer one: *If available, wou	□ twice daily uld you like to	☐ daily ☐ every oth o reserve a raised cot f	nacks while staying with us (\$4.62 per bag)? er day or your dog (\$1.50/day)? □ Yes □ No
or a catnip toy for your kitty (\$1 each)			
5 6		ot i understand a cot r t to avoid this event fr	eplacement fee of \$30 will be applied to my om occurring.**
My dog likes:			
Dogs	□ Balls	People cuddles	
Additional Serv	•	ed: □ Bath	
<ul> <li>Anal Gland Expression</li> <li>Ear Cleaning</li> </ul>			Tooth Druching
		□ Nail Trim	□ Tooth Brushing