

West Chester Veterinary Care

Boarding- Each Visit

Pet's Name _____ Drop Off Date _____ Pick Up Date _____

Pets may be dropped off or picked up any time during our regular hours (or by special arrangement). Hotel pricing is used to determine boarding fees with a 1:00 PM cut-off.

Name & date of last application/administration of flea product _____

Phone Numbers where I can be reached *(please list in the order you would like us to call)*

I can receive pictures via text messages at _____

(Messages will come from 513-709-2234. Please do not reply to this number as incoming correspondence will not be answered.)

I request an exam with the Doctor. (additional fee) yes no

I have reviewed my pet's "General Instructions" and verify it is correct. yes no

The following individual(s) is/are authorized to make decisions regarding my pets while they are in your care if I am unavailable.

Name: _____ Phone: _____

Name: _____ Phone: _____

May we place bedding with your pet? Yes No

If my pet becomes ill during the visit,

Treat as needed Please try to contact me prior to treatment

I agree to the following terms of boarding/daycare:

-My pet must be current on **vaccinations**. If my pet is not current or I cannot provide proof of vaccination, the required vaccinations will be administered at my expense.

-My pet will be treated for **fleas or ticks**, if needed, at my expense.

-My pet will be treated for **diarrhea** if it should occur by performing a fecal examination and administering appropriate medications, at my expense.

-Additional necessary hygienic **bathing** will be done at my expense.

-Please note: if your pet requires additional care during meals such as hand feeding, microwave/meal preparation, sitting with them to promote appetite, etc. a **special handling** fee will be applied.

-West Chester Veterinary Care is not responsible for lost or damaged **personal items** (including bedding, leashes, collars, and toys) left with my pet.

-I understand that, while West Chester Veterinary Care staff members take every precaution to protect the health of their guests, there is always a risk of **disease transmission** involved in boarding situations. I further understand that there is a possibility for (or potential of) **injury** while in boarding or day boarding. Any treatments resulting from disease or injury are at my expense.

-WCVC reserves the right to use my pet's image for advertising and social media.

Signature: _____ Date: _____

Name (please print): _____