

West Chester Veterinary Care

Daycare & 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 text messages at _____ I can also receive pictures

(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) no yes- for the following problem or services _____

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.
- 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 daycare. Any treatments resulting from disease or injury are at my expense.
- Additional and excessive cage cleaning and/or bathing will be done at my expense.

Signature: _____ Date: _____

Name (please print): _____