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)  ☐ 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 day boarding. Any treatments resulting from disease or injury are at my expense.
• Additional necessary hygienic bathing will be done at my expense.
• WCVC reserves the right to use my pet’s image for advertising and social media.

Signature: ___________________________  Date: ______________

Name (please print): ____________________________

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