



Pfister Animal Hospital
 8040 Cincinnati Dayton Rd
 West Chester, Ohio 45069
 Phone (513) 755-9999
 Fax (513) 755-8667

Boarding Agreement

Owner's Name: _____

Pet Name (s): _____

Date of Arrival ____/____/____

Date of Departure ____/____/____

BOARDING HOURS:

Drop Off Hours:

M-F 8:00a.m. - 6:00 p.m.

Sat 8:00 a.m. – 12:00 p.m.

Pick Up Hours:

M-F 10:00 a.m. – 6:00 p.m.

Sat 10:00 a.m. – 12:00 p.m.

Sat – Sun 5:00 p.m. – 6:00 p.m. (lower level)

Procedures requested during visit:

Vaccines

Fecal

Nail Trim

Other Services _____

Bath- Pets will be ready for pick up after 12:00 p.m. the day they are scheduled for a bath.

Playtime – 15 minutes per session, # of sessions requested per day _____

* ALL ITEMS **MUST BE** LABELED WITH THE LAST NAME AND PET(S) NAME*

PLEASE LIST MEDICATIONS AND DOSING INSTRUCTIONS TO BE GIVEN TO YOUR PET DURING THEIR STAY.

 *Dosing of medication may be subject to and additional fee.

*Medications **must be** provided in the original container(s)

IF PROVIDING FOOD, PLEASE LIST BRAND AND FEEDING INSTRUCTIONS:

 In the even of illness, I authorize Pfister Animal Hospital to maintain and hospitalize the boarding pet(s) until communication can be established.

Pfister Animal Hospital is not responsible for the loss or condition of any luxury items. (bedding, toys, etc.)

To prevent the spread of infectious diseases and parasites, boarded animals must be current on all vaccines (listed below) and free of fleas, internal and external parasites. Distemper/Parvo vaccine can only be honored if given in the last 12 months.

DOGS- Rabies/Distemper/Parvo/Corona/Bordetella/Fecal Exam with a negative result.

CATS- Rabies/Feline Distemper/Fecal Exam with a negative result.

I authorize Pfister Animal Hospital to provide vaccines and parasite control as needed for the boarding pet(s). You will receive a confirmation phone call once your boarding agreement has been authorized.

Authorized Signature _____ Emergency Contact Number _____

*If available via email for non-emergencies, please provide your email address _____