

8040 Cincinnati Dayton Rd
West Chester, Ohio 45069
(513) 755-9999



Hours:
Drop off:
M-F 8am- 5pm
Sat. 8am-10am
Sun. No drop offs

Pick Up:
M-F 10am - 6pm
Sat 10am - 12pm
5pm - 6 pm
Sun 5 pm - 6pm

Boarding Agreement

Owner's Name: _____ Pet's Name: _____

Date of Arrival: _____ Date of Departure: _____ **SATURDAY & SUNDAY PICK UPS WILL BE IN LOWER LEVEL**

To prevent the spread of infectious diseases and parasites, boarding animals must be current on all vaccines (listed below) and free of internal and external parasites, including fleas. The Distemper vaccine can only be honored if given within the last 12 months.
DOGS- Rabies/Distemper/Parvo/Corona/Bordetella/Negative Fecal Exam and Heartworm Test within the last 12 months.
CATS- Rabies/Feline Distemper/Negative Fecal Exam within the last 12 months.

Procedures requested during visit:

***** If medical or surgical procedure is to be performed, inform staff so the correct forms can be filled out*****

Vaccines (Estimate) Fecal Heartworm Test Nail Trim Anal Glands
 Bath (\$24.00) *Bathed Pets will be ready for pick up after 12:00 p.m. M-F, after 10am Sat.
 Frosty Paws treat How Many? _____ **Limited to every other day**

PLEASE LIST MEDICATIONS, DOSING INSTRUCTIONS, AND PREFERRED METHOD OF GIVING MEDICATIONS TO BE GIVEN TO YOUR PET DURING THEIR STAY ON A SEPARATE MEDICATION FORM.

IF PROVIDING FOOD, PLEASE LIST BRAND AND FEEDING INSTRUCTIONS:

Brand/Type of Food _____
Feeding Instructions _____

Due to the inability to guarantee the condition of bedding/toys upon return, we suggest keeping personal items at home.

Pfister Animal Hospital is not responsible for the loss or condition of any luxury items (bedding, toys, etc.) I understand that any bedding or toys that become soiled or otherwise damaged during my pets' stay will be removed from my pets' run and kept unwashed in a plastic bag until returned to me at the end of my pets' boarding event.

Please check mark and describe items being left in detail:

Toys - _____
Bedding/Crates - _____
Food/Container - _____
Other - _____

**I authorize Pfister Animal Hospital to provide vaccines and parasite control as needed for the boarding pet(s).
I acknowledge that a physical exam is required prior to vaccinations with an associated fee, and I agree to assume financial responsibility for the balance of services rendered.**

Authorized Signature _____

Primary Contact Number _____

Secondary Contact Number (if primary number cannot be reached) _____

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

Preferred method of contact Phone Text _____ Checked In By (employee): _____