



	DAY OF WEEK	DATE	TIME	BY WHOM
DROP OFF				
PICK UP*				

(\*A picture ID, signature and payment may be required at pick-up.)

## JAR BOARDING CONTRACT

OWNER'S NAME:			
MAILING ADDRESS:			
RESIDENCE ADDRESS:			
OWNER'S CELL PHONE:		OTHER PHONE:	
LOCAL EMERGENCY CONTACT:		PHONE:	
VETERINARIAN'S NAME:		PHONE:	

**One day of boarding to be paid upon submission of your contract as a non-refundable deposit that will be applied to your total boarding charges**

**(OFFICE USE ONLY) EXPIRATION DATES:**

PET(S) NAME	BREED	COLOR	AGE/SEX	AID	CBJ LICENSE #	RABIES	DHPP	BORD	FLEA	FECAL
1.										
2.										
3.										

**MUST HAVES BEFORE BOARDING\*:**

- Animal must have a *CURRENT* CBJ license and be *ALTERED* (spayed/neutered).
  - Owner must provide proof of current vaccinations for: Distemper combination, Bordetella, Rabies.
  - Animal must have a negative fecal or treatment w/broad-spectrum de-wormer before boarding.
  - Animal must be currently treated with a veterinary approved flea medication (*Frontline, Advantage, Revolution or Ovitrol X-tend*).
- \*JAR offers vaccines and flea/deworming treatments every Tuesday from 12:00-4:30 by appointment only.*  
*\*Dogs needing any boarding requirement upon arrival will incur a \$50 Boarding Quarantine fee for quarantining the animal for 48 hours.*

**PLEASE CHECK ALL SERVICES NEEDED:**

- Boarding: \$33/ calendar day/per dog
  - Medication Distribution\*: \$3.00 per animal/per day that medication is distributed. (No injectable medications please)
- \*All medications **MUST** be in the original containers dispensed from your veterinarian or you will be **CHARGED A \$25.00 Administrative Fee.***
- Enrolled in Doggy Day Care while boarding – **must be a DDC client prior to boarding**
    - Please list dates you are enrolled in Daycare: \_\_\_\_\_

**DIETARY INSTRUCTIONS**

MY DOG WILL EAT (*CHOOSE ONE*) - Amount & frequency of food listed on back of contract

- Food I provide\*. *\*Required to be packaged individually, by meal, in Ziploc bags, with dog's name and your last name; JAR is unable to store and feed raw or refrigerated food for dogs*
- JAR provided food (*Hill's Science Diet Sensitive Stomach Dry*)
- My Dog has Allergies: *\*No added charge (Please Explain)*

**ADDITIONAL INFORMATION**

- Does your dog have any behaviors we need to be aware of? *\*No added charge (Please Explain)*

I hereby agree to pay all boarding charges in full before removing my animal from Juneau Animal Rescue (JAR).

If I will be leaving my dog at JAR for longer than 2 weeks, I understand that I am required to pay half of the boarding fee in advance.

While every reasonable precaution will be taken to prevent accidents; fire, injury, escape, etc. animals placed at this kennel are at my, the owner (or caretaker's) risk.

Any animal left longer than five days (5) past the designated pick-up date, without proper notification, will be considered abandoned and become property of Juneau Animal Rescue. All charges and fees up to that time are still applicable.

I hereby agree to all of the above conditions as owner of this animal.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date \_\_\_\_\_

# VETERINARY PERMISSIONS

*(Authorization for **both** is required)*

- I give my permission for the Juneau Animal Rescue Veterinarian to treat my dog in the case of an emergency. If the JAR Veterinarian is not available or determines the injuries are too extensive to be treated at the shelter, I give my permission for JAR to transport my dog to my personal Veterinarian. Veterinary expenses may apply and will be the responsibility of the owner.
- I give my permission for \_\_\_\_\_ *(your veterinarian)* to treat my dog if transported for care by JAR. JAR will not be responsible for any Veterinary charges or fees.

## PERMISSIONS

*As owner of this animal, I give the following people permission to do the following while boarding:*

Walk my dog:  JAR Staff  Friend/Family

Full Name(s): \_\_\_\_\_

Pick up my dog on the last day of boarding Full Name: \_\_\_\_\_

*(A picture ID is required for friends/family to walk or pick up)*

## OTHER INFORMATION ABOUT MY DOG

My dog eats \_\_\_\_\_ times per day. My dog eats \_\_\_\_\_ cups of food at each meal.

If eating own food, please list the BRAND NAME of your dog's food. \_\_\_\_\_

My dog loves \_\_\_\_\_

*(Favorite games, favorite toy types, ear scratches, etc.)*

*By signing below, I hereby agree to all of the above stated conditions as owner/caretaker of this animal.*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff \_\_\_\_\_ Date \_\_\_\_\_

# I'm Boarding at Juneau Animal Rescue

Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_ Exit Time: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ AID# (office use only) \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Special Diet: \_\_\_\_\_ Brand of Food: \_\_\_\_\_ Medication: \_\_\_\_\_

Exit Bath/Groom/Nail Trim: *Not currently available* DDC Dates: \_\_\_\_\_

My dog eats \_\_\_\_\_ times per day. My dog eats \_\_\_\_\_ cups of food at each meal.

Notes: \_\_\_\_\_

Owner's Name & Number: \_\_\_\_\_

Local Emergency Contact Name & Number: \_\_\_\_\_

**FOR STAFF USE:**

ANIMAL'S NAME: _____																					
DATES ____ - ____	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
BEHAVIOR	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LISTLESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QUIET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SCARED/SHY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOISY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EATING	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIBBLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOT EATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
URINE	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EXCESSIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STRONG ODOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BLOODY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STOOLS	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LOOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DIARRHEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BLOODY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VOMITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COUGHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SNEEZING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## MEDICAITON SCHEDULE

Animal Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ AID: \_\_\_\_\_

Boarding Dates: \_\_\_\_\_ - \_\_\_\_\_ Month: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							

ALL MEDICATIONS MUST BE BROUGHT IN THE ORIGINAL CONTAINERS THEY WERE DISPENSED IN FROM YOUR VETERINARIAN

MEDICATION "A": \_\_\_\_\_ AMOUNT: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

REASON FOR MEDICATION "A": \_\_\_\_\_

MEDICATION "B": \_\_\_\_\_ AMOUNT: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

REASON FOR MEDICATION "B": \_\_\_\_\_

MEDICATION "C": \_\_\_\_\_ AMOUNT: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

REASON FOR MEDICATION "C": \_\_\_\_\_

Questions or concerns regarding dispensing of medication while your pet is staying with us? Please call us at 907-789-0260 and discuss with our clinic staff prior to boarding.