



	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:

(OFFICE USE ONLY) EXPIRATION DATES:

PET(S) NAME	BREED	COLOR	AGE/SEX	UID	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 these services to our boarding clients every Tuesday from 2:00pm-5:00pm, walk-in 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: \$27/ calendar day/per dog
 - Exit Bath: \$24.00
 - Medication Distribution*: \$3.00 per animal/per day that medication is distributed.
 - Enrolled in Doggy Day Care while boarding.
 - Please list dates you are enrolled in Daycare: _____
 - Nail Trim: \$15.00
- *All medications **MUST** be in the original containers dispensed from your veterinarian or you will be **CHARGED A \$25.00 Administrative Fee.**

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 provided food (*Hill's Science Diet Sensitive Stomach*)
- 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.

DOG WALKING PERMISSIONS

As owner of this animal I give the following people permission to walk my dog while boarding:

- JAR Staff
- Friend/Family*

Full Name: _____ has permission to walk my dog while boarding at JAR.

*(*A picture ID is required at 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. _____

The exercise requirements for my dog are: _____

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: _____ UID# (office use only) _____

Breed: _____ Color: _____ Sex: _____ Age: _____

Special Diet: _____ Brand of Food: _____ Medication: _____

Exit Bath: _____ Groom: _____ Nail Trim: _____ 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	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
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"/>	