

BOARDING REQUIREMENTS

Please check each of the following to indicate that you have read, understand and agree.

- Only dogs who are spayed or neutered may board at Juneau Animal Rescue.
- Dogs MUST be wearing a collar with their current CBJ Dog License displayed. If your dog is not wearing their current license, a replacement license fee of \$5.00 will be added to the boarding cost and will replace their other tag.
- Dogs must be up to date on all the following vaccinations:
 - o Rabies
 - o Distemper/Parvo combination (aka DA2PP/DAPP/DHPP)
 - o Bordetella (aka Kennel Cough)
 - o Leptospirosis
- Dogs must have a veterinary approved flea medication applied, such as: Frontline, Advantage, Revolution, Ovitrol X-tend or other veterinary approved product. All Flea Medications are effective for 30 days.
- Fecal Exam with negative results (to check for various parasites) within the last 3 months OR be treated with a broad-spectrum dewormer from their veterinarian within the last 3 months.
- Dogs that have problems with kenneling and/or aggression will not be allowed to board
- Does your dog have any behaviors we need to be aware of? *No added charge (Please Explain)*

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- Dogs needing any medical boarding requirement upon arrival will incur a \$50 Boarding Quarantine fee for quarantining the animal for 48 hours.

If you have any questions regarding the type of flea medication, or dewormer, please email our clinic staff at clinic@akjar.org

BOARDING FEES

- \$33.00 *per day, per dog- includes exercise/food/bedding/toys
- If your dog is scheduled to be in Doggy Day Care during the day, there will be an additional \$15.00 per day/ per dog fee for overnight boarding.

**Per Day means ANY amount of time on each given day of stay, including a partial day stay.*

CHECK-IN AND CHECK-OUT TIMES

- Monday through Saturday 9:30 am to 5:00 pm. We cannot accept boarders after 5:00pm.

FOOD

- We feed each dog twice a day, once in the morning, and once at night.
- Feed my dog JAR's food, Hill's Science Diet

OR

- Feed my own food.

Please bring food in the following manner:

- o Package your dog's meals in individual Ziploc bags.
- o Label each bag with your pet's first name and your last name "Fido Smith"
- o Label each bag "A.M." or "P.M.", even if your dog grazes/free feed

- Please do not put medications, vitamins, or supplements in the bags. (See Medication below)*

SPECIAL REQUIREMENTS OR ALLERGIES

- If your dog has any special feeding requirements (elevated bowl, time of feeding, etc.) please be sure to provide detailed instructions on the boarding contract.
- My Dog has Allergies: *No added charge (Please Explain)*

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- Special diet treats can be brought in an individual Ziploc bag or plastic container labeled with your dog's first name and your last name "Fido Smith"

MEDICATION & MEDICAL

- Please list all medical conditions your pet has

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- Medications must be in the original containers they were dispensed in from your veterinarian.
 - You must provide us with a detailed Boarding Medication Form (provided in this packet)
 - An extra charge of \$3.00 per day/ per dog will be added for dogs needing medications.
 - Any prescription medication not in its original container will be charged a \$25 Clinic Administrative fee for the time spent by clinic staff to verify the prescription

	DAY OF WEEK	DATE	TIME	BY WHOM
DROP OFF				
PICK UP*				
Owner's Name:				
Pet's Name:				
Mailing Address:				
Physical Address:				
Email Address:				
Cell Phone:			Alt Phone:	
Emergency Contact (local):			Cell Phone:	
Veterinarian:			Phone Number	

We ask you don't bring blankets, bowls, toys or any other personal items for your dog as we cannot guarantee their return.

- While every reasonable precaution will be taken to prevent accidents (fire, injury, escape, etc.) animals placed at this kennel are at my, the owner's (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 pay all boarding charges in full before removing my animal from Juneau Animal Rescue (JAR).

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

Customer Signature: _____

Date: _____

Staff Initials: _____

Date: _____

FOR STAFF USE

PET NAME(S)	BREED	COLOR	AGE/SEX	AID	CBJ LICENSE#	RABIES	DHPP	BORD	LEPTO	FLEA	FECAL



**JUNEAU
ANIMAL RESCUE**

VETERINARY PERMISSIONS

(Authorization is required to board at JAR)

I give my permission for the Juneau Animal Rescue Veterinarian to treat my dog in case of an emergency. If the JAR Veterinarian is not available or determines the injuries or illness 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.

I give my permission for the Juneau Animal Rescue Veterinarian to administer sedatives or anti-anxiety medications if deemed necessary for their safety and/or comfort during their stay at JAR.

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: _____

Full Name: _____

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 your 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 the above stated conditions as owner/caretaker of this animal.

Printed Name _____

Signature _____ Date _____

Staff _____ Date _____

I'm Boarding at Juneau Animal Rescue Kennel Card

Pet's Name: _____ **AID#:** _____ (Office Use)

Date In:	Date Out:	Exit Time:				
Breed:		Color:			Sex:	Age:
Special Diet:		Brand of Food:		Medication:		
Doggy Day Care Dates (if applicable)						
My dog eats _____ times per day. My dog eats _____ cups of food at each meal.						
Owner's Name:				Phone Number:		
Local Emergency Contact:				Phone 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	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
LISTLESS	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
QUIET	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
SCARED/SHY	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
NOISY	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
EATING	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
NIBBLING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
NOT EATING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
URINE	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
EXCESSIVE	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
STRONG ODOR	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
BLOODY	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
NONE	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
STOOLS	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
LOOSE	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
DIARRHEA	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
BLOODY	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
NONE	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
VOMITING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
COUGHING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	
SNEEZING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	

MEDICAITON SCHEDULE

Pet's Name: _____ AID#: _____ (office use)

Breed: _____	Color: _____
Boarding Dates: _____ to _____	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							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							

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.