



	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 _____



Juneau Animal Rescue COVID-19 Information & Boarding Waiver

Due to the COVID-19 virus, Juneau Animal Rescue would like for all boarding parents to understand the possible risks to their pets in attending boarding activities.

First and foremost, the risk of animals spreading COVID-19 is incredibly low.* Although there has been information about pets being infected with COVID-19, the Centers for Disease Control and Prevention (CDC) stresses that the primary risk of transmission to humans is other humans. The CDC states that currently there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. The American Veterinary Medical Association also notes that there have been fewer than 25 reports from around the world of pets (dogs and cats) being infected with COVID-19; however, none of these reports suggest that pets are a source of infection for people.¹

CDC encourages pet owners to treat pets as you would other human family members to protect them from possible infection. This means limiting contact between your pets and people outside your household as much as possible and avoiding places where large numbers of people gather. If you are sick with COVID-19, either suspected or confirmed by a test, you should restrict contact with your pets and other animals, just like you would with people. Until we know more about this virus, people sick with COVID-19 should avoid contact with pets and other animals.

Due to the COVID-19 outbreak Juneau Animal Rescue requires that all Boarding clients understand the possible risks to their pets and ask you to please abide by the following rules.

I hereby acknowledge that I understand the risks of bringing my animal(s) to Board at JAR and promise to abide by the rules and assume the liabilities listed below:

- I understand that JAR Boarding facilities have possible face to face contact for dogs and that there is a risk inherent in these activities.
- I understand that all JAR staff will wear face masks while working with my animal(s).
- I will abide by the 6-foot social distancing practices implemented by JAR when dropping off and picking up my dog.
- I will wear a face mask while coming into contact with JAR staff.
- If I or anyone else in my close social group experiences the symptoms of COVID-19 (cough, shortness of breath, fever, chills, muscle pain, sore throat, new loss of taste or smell) I will not bring my animal to Doggy Daycare until symptoms are gone for at least 72 hours without the use of fever reducers or symptom altering medicines.
- I assume all risks and costs associated with COVID-19 infection and will not hold JAR liable legally or financially for any possible transmission and/or infection.

Printed Name: _____

Signature: _____ Date: _____

¹ This is an evolving situation. Guidance will be updated as new information becomes available. For more detailed information see our website at <https://www.juneauanimalrescue.org/>. Other resources include the Centers for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Animals>, and the American Veterinary Medical Association <https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/sars-cov-2-animals-including-pets>.

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"/>	