



# Jester Plaza Veterinary Clinic



## Boarding Drop Off Form

713-869-0202

Pet Name \_\_\_\_\_ Client Name \_\_\_\_\_  
Arrival Date \_\_\_\_\_ Drop-Off Time \_\_\_\_\_ Departure Date \_\_\_\_\_ Pick-up Time \_\_\_\_\_

**Emergency contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

This person has the authority to make all decisions related to this pet's medical care when the client cannot be reached.

**Diet** \_\_\_\_\_ Dry / Canned Supplied by: Client / Clinic

**Feeding Instructions**

Yes / No Bath the morning of discharge? We will call when the bath is complete. Begin AM PM  
How much? \_\_\_\_\_

Yes / No Would you like any veterinary services performed during your pet's stay?  
If so, please list: \_\_\_\_\_

Yes / No Board Special Care (Cat or Dog) charge needed? (If pet has a major medical condition- If yes, discuss price difference)

Yes / No Medication Administration Required? (There is a daily fee associated with daily medication administration)

Med: \_\_\_\_\_ Instructions \_\_\_\_\_ Begin AM PM

Med: \_\_\_\_\_ Instructions \_\_\_\_\_ Begin AM PM

Med: \_\_\_\_\_ Instructions \_\_\_\_\_ Begin AM PM

Yes/No Personal Items? Please describe each item in detail here: \_\_\_\_\_

**Initial the following:**

\_\_\_\_\_ I acknowledge that Jester Plaza Veterinary Clinic (JPVC) is a "flea free" boarding facility. If live fleas or ticks are found an additional treatment will be administered at the owner's expense. **Please Select Preference** \_\_\_\_\_ Bravecto \_\_\_\_\_ Nexgard

\_\_\_\_\_ I acknowledge that boarding is charged per day, not per night, because all the pet care occurs during the day. There is always a charge for the day of check-in regardless of the time of check-in. The check-out time is at 10 am each day, and if I check my pet out after 10 am then I will be charged for a full day of boarding on the day of checkout. Checkout prior to 10 am will result in no-charge for the day of checkout.

\_\_\_\_\_ I acknowledge that proof of vaccinations that meet the standards for sufficient protection in a commingled boarding environment are required prior to the date of boarding. If proof is not provided, doctors of JPVC will administer necessary vaccines, including required physical exam, at owner's expense. Rabies (K9, Feline), Distemper/ FVRCP (K9, Feline), Leptospirosis (K9), Leukemia (Feline), Bordetella (K9), Influenza H3N2 (K9). I acknowledge that vaccines do not provide full protection until 1-3 weeks after administration, and some vaccines require a booster 2-4 weeks later for full protection. I understand that if my pet is being vaccinated for the first time, he/ she may be more susceptible to disease, particularly upper respiratory disease, and thus do not hold JPVC liable for cost of treatment or medications should my pet become ill during a boarding stay.

\_\_\_\_\_ I acknowledge that a negative fecal check (no more than 6 months prior) and intestinal dewormer (no more than 30 days prior) must be current. If proof is not provided, this will be performed at the owner's expense.

\_\_\_\_\_ I acknowledge that JPVC will attempt to contact me if unexpected medical attention is deemed necessary by the medical staff.

**If we are unable to contact you, I grant JPVC permission to treat as follows:**

Treat minor issues (ear/skin/eye infections, diarrhea) Yes \$ \_\_\_\_\_ Max amount authorized No (until reached)

Any emergency procedures: Yes \$ \_\_\_\_\_ Max amount authorized No (until reached)

**Best way to contact:** Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

All charges for boarding and boarding requirements are due upon arrival. Charges for additional services, medication and supplies are due upon discharge. Payment can be made by cash, check, or credit card.

If you neglect to pick your pet up or contact us to extend the boarding stay and we are unable to contact you with reasonable effort, pets are considered abandoned after 10 days. If abandoned, we reserve the right to plan for the pet as we deem necessary. I release JPVC from all liability and have read and do understand this form.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_