

Jester Plaza Veterinary Clinic

Boarding Drop Off Form

713-869-0202

jesterplazavet@gmail.com



Pet Name _____ Client Name _____
 Arrival Date _____ & Time _____ Departure Date _____ & Time _____
 emergency contact: Name _____ Phone _____
This person has the authority to make all decisions related to this pet's medical care when client cannot be reached.

instructions: Diet _____ Dry _____ Canned _____ Supplied by: _____ Client _____ Clinic Feeding Instructions _____
 Begin AM PM

Yes No Bath the morning of discharge? *We will call when the bath is complete.*

Yes No Would you like any veterinary services performed during your pet's stay?
 If so, please list: _____ Doctor Preference? _____

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

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

_____ 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 the 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 11am each day, and if I check my pet out after 11am then I will be charged for a full day of boarding on the day of checkout. Checkout prior to 11am 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. If proof is not provided, doctors of JPVC will administer necessary vaccines, including required physical exam, at owner's expense. Rabies (K9, Feline), Distemper (K9, Feline), Bordetella (K9), Influenza H3N8 (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 current 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 owner's expense.

_____ I acknowledge that JPVC will attempt to contact me in the event that 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 _____ Home
 Phone _____ Email _____

Charges for services, medications, 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 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 make arrangements for the pet as we deem necessary. I release JPVC from all liability and have read and do understand this form.

Print _____ Sign _____ Date _____

office use only Checked in by _____ Is the patient current in the following areas / is all verified?

Rabies: Yes No **FVRCP:** Yes No **DA2PP:** Yes No **Bordetella:** Yes No **CIV h3n8:** Yes No **CIV h3n2:** Yes No **HWT:** Yes No **Intestinal Parasite Test:** Yes No **Intestinal Dewormer:** Yes No **Wellness Exam:** Yes No **All other vx:** Yes No Complete/scanned/attached Yes No Not Applicable

Are all other services (groom, bath, vet) scheduled in the appointment screen? Yes, verified Not Applicable