



PET CARE INSTRUCTIONS

We are looking forward to taking care of:

Owner's Name(s): _____ Pet's Name: _____

Here's the information we'll need...

WHERE TO CONTACT YOU

Date Returning: _____	Emergency Contact: _____
Pick Up Time: _____	Emergency Phone 1: _____
Pets receiving a spa bath will be ready after 4pm.	Emergency Phone 2: _____

INSTRUCTIONS

Meals and snacks: _____

List toys and belongings brought with your pet: _____

Does your pet have allergies? _____

NOTES

GROOMING AND PERSONAL CARE

Veterinary Services

Whether it's a wellness exam and vaccinations or an itchy skin checkup our veterinary staff is happy to help.

Services requested:

Spa Bath

Includes a moisturizing or medicated shampoo, ear cleaning, nail trim and gland expression.

____ Yes ____ No

Under 40lbs 33.00
Over 40lbs 36.00

****Discharge** in the ears can indicate an ear infection. If infection is suspected, should a veterinarian perform a medical exam and microscopic ear discharge analysis to determine if medication is necessary?

____ Yes ____ No

Comprehensive exam 69.50
Ear discharge analysis
microscopic lab analysis.....31.50
Medicationcost variable

Nail Trim

____ Yes ____ No

..... 19.00

MEDICATIONS for:

For safety reasons please bring medications in the original prescription container. If this is not possible we can request a refill of the amount needed from your pets veterinarian.

Medication #1 name:	Medication #2 name:	Medication #3 name:
Quantity to administer: ____ tab/cap/ml ____ tab/cap/ml ____ tab/cap/ml	____ tab/cap/ml ____ tab/cap/ml ____ tab/cap/ml	____ tab/cap/ml ____ tab/cap/ml ____ tab/cap/ml
Frequency to administer: Once ____ a.m. ____ p.m. ____ daily ____ Twice daily ____ Three times daily ____ Other: _____ _____ _____	Once ____ a.m. ____ p.m. ____ daily ____ Twice daily ____ Three times daily ____ Other: _____ _____ _____	Once ____ a.m. ____ p.m. ____ daily ____ Twice daily ____ Three times daily ____ Other: _____ _____ _____
Did your pet have medication today? Yes, I gave this medication today at: ____ time ____ No, I did not	Yes, I gave this medication today at: ____ time ____ No, I did not	Yes, I gave this medication today at: ____ time ____ No, I did not
When should we begin the medication? ____ Tonight ____ Tomorrow morning	____ Tonight ____ Tomorrow morning	____ Tonight ____ Tomorrow morning
Other information:		



FUN FOR YOUR PET WHILE YOU ARE AWAY!

TREATS AND SNACKS

We include "sensitive stomach" diet in our dog and cat boarding packages.
In addition you can add one of our healthy snack packages.

Frosty Paws Frozen Treat A canine sundae, the perfect bedtime treat.	\$4.00 per treat	_____ Treat(s) per day _____ Times per day _____ For how many days
Stuffed Kong A Kong toy stuffed with healthy goodies for your dog to chew. A great boredom buster while passing the time.	\$4.00 per treat	_____ Treat(s) per day _____ Times per day _____ For how many days
Kitty Caviar A tasty dried bonita filet carved into paper thin flakes.	\$3.00 per treat	_____ Treat(s) per day _____ Times per day _____ For how many days

PLAY

Our regular boarding includes three comfort/exercise outings.
You may wish to add any of the following exercise options. Prices are per outing.

Cat screen porch One hour of sun basking time, listening to the fountain and watching the wildlife on the sun porch.	\$4.50 per time	_____ Times per day _____ For how many days
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ACTIVITIES

Private time or cuddle time For cats or dogs this is an additional 20 minutes of private time with the animal care attendant. Pets can receive brushing, sit on laps, more time outside or the extra attention you know they enjoy. My pet would enjoy:	\$10.00 per time	_____ Times per day _____ For how many days
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PLAYCARE

Group play with other dogs Playcare is a fun day with friends. Dogs are supervised while they play. *Please complete group play questionnaire.	\$19.50 per day while boarding.
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BOARDING & PLAYCARE POLICY

1. Required vaccinations and parasite testing:

Cats: FVRCP (Distemper), Rabies

Dogs: DHPP (Distemper), Rabies, Bordetella, Negative Internal Parasite Exam (Fecal Exam)

2. Highly recommended vaccinations:

Dogs: Canine Influenza

Canine Flu is a serious, and highly contagious disease for dogs. Two vaccinations administered three weeks apart are required for protection against flu related pneumonia.

3. External parasites:

Pets are checked for fleas at time admission. Capstar, a safe and effective flea medication is administered at a nominal fee if necessary.

4. Illness:

If a medical problem is discovered, an agent of St. Johns Veterinary Hospital will telephone the owner or emergency contact to discuss the problem and determine the course of action to be taken. If the owner or emergency contact cannot be reached, the attending veterinarian has my permission to take the necessary steps to diagnose and treat, in accordance with current medical standards. In case of emergency, measures to preserve and stabilize vital function shall be taken immediately.

5. Agreement:

This is an agreement between St. Johns Veterinary Hospital (SJVH) and the pet owner whose signature appears below(hereafter called "Owner"). Owner agrees to pay all costs and charges for boarding services requested and all veterinary costs for the pet(s) during the period said pet(s) is in the care of SJVH. By signing this Agreement and leaving pet with SJVH, Owner certifies the accuracy of all information given about said pet and ownership thereof. Owner agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of SJVH, to include injury to other animals and humans. Owner certifies that said pet(s) has not been exposed to communicable diseases within the last 30 days and has not bitten any person in the last 10 days. SJVH pledges to give appropriate care to all boarded pets. SJVH takes the responsibility for the safety and care of your pets very seriously. The boarding facility is not staffed overnight; however, the facility is a well maintained environment with a monitored alarm system to ensure safety.

Owner will not hold SJVH responsible for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair, skin irritation cough, infectious respiratory disease such as canine influenza and Bordetella, bloat and sudden death. In case of a medical emergency I acknowledge the SJVH staff may not be able to immediately contact me and is therefore authorized, in its sole discretion, to perform veterinary services, procedures, emergency surgery, or administer medicine or give other requisite attention to said pet(s). Owner hereby agrees to reimburse SJVH for veterinary costs, whether specifically authorized or not. Owner understands that if owner fails to pick up pet(s) within 10 days of specified pick up date said pet(s) will be considered abandoned and will be handled in accordance with the Florida State Law and that doing so does not relieve owner of financial obligations.

Signature: _____

Date: _____

SJVH Staff Member: _____ (Initials)