



Jackpot Veterinary Center
(520) 999-3888
6745 N. La Cañada Dr.
Tucson, AZ 85704

Canine Boarding Agreement

Your Name: _____

Pet's Name: _____

Drop-off Date:
Pick-up Date:
Pick- up Time:
Emergency Contact Number:

List any medications, vitamins, and supplements your pet is taking:

Medication Name and Strength:	Quantity:	Times per Day:	How is it Given:

Please Note: All medications, supplements, and/or vitamins MUST be in original containers. If they are a prescription, the medication label with drug name, strength, and veterinarian's instructions must be listed. Please notify us if medication instructions are different than those stated on the label.

What feeding instructions would you like us to follow for your pet?
Does your pet usually finish meals? <input type="checkbox"/> Yes <input type="checkbox"/> No

Does your pet get along with other dogs? ☐ Yes ☐ No

Enhancements: Please select any enhancements you would like your pet to enjoy during their stay.

Raised Cot:	Kong Extreme:
Kong Stuffing:	How Often:
Pupsicle:	How Often:
Hill's Prescription Dental Chew:	How Often:
Bath:	Nail Trim:
Anal Gland Expression:	

Please Note: We will not give more than one treat per dog per day. All treats are within reasonable calorie counts for your pet's size, but if they gain too much weight, we will deduct the calorie count from their feeding. If any vomiting/diarrhea occurs, we have the right to discontinue treats for the duration of your pet's stay.

This Agreement will stay on your file, and you will be able to make changes at each new Boarding Reservation. By signing below, you are agreeing that all the information above is correct to the best of your knowledge. You are also stating your wish for us to follow the instructions you have set forth in the Agreement.

☐ I hereby give consent for Jackpot Veterinary Center Staff to take pictures of my pet and use them on their social media platforms (Facebook, Instagram, Twitter, etc.) and their website. They will not use any of my personal information, but can use my pet's first name.

☐ I hereby do NOT give consent for Jackpot Veterinary Center Staff to take pictures of my pet other than to use for their patient records. Any pictures of my pet will be used for medical identification purposes only and kept in their confidential file.

Print Name: _____

Signature: _____ Date: _____