

Day Sit Form

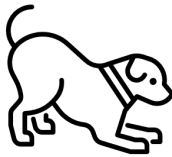
Pet's Name: _____ PID: _____

Client's Name: _____ CID: _____

Best Contact Number: _____ Pickup Time: _____

Veterinarian Visit: YES OR NO REASON: _____

Flea Prevention: _____ Last Applied: _____



EXTRAS (per day)

Extra Play Time	\$8	
Nature Walk	\$9	
Medication Administration	\$3.50	



Additional Comments/Requests: _____

*****WE REQUIRE ALL 5 VACCINES TO BE CURRENT (RABIES, DHPP, BORDETELLA, INFLUENZA AND LEPTOSPIROSIS) AND A FECAL SCREENING*****

POLICY: For the safety of your pet and the other pets on the premises, we require all animals to be up to date on vaccinations, fecal and flea prevention. If our records show that your pet is due for any of the above requirements, in signing below you agree to either A) have JCVC proceed with updating all requirements or B) you will provide us proof within 2 hours of dropping off at JCVC.

Owner or Authorized Representative Signature

Date

Day Sit Form

Arrival Weight: _____

Date: _____

Pet's Name: _____

PID: _____

Emergency Number: _____

Run #: _____

Diet	Kennel	Owner	How Much		How Often	
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Special Feeding Instructions: _____

Medications

Name	Amount	Route	Initials

AM App	AM U	AM D	12 U	12 D	PM App	PM U	PM D	Initials

Special Notes

