

Pet Name: <animal>

Owner Name: <first-name> <last-name>

Dates Boarding

Admission Date: _____

Pick-Up: _____ am / pm

Medical Information (There is an additional daily charge of \$5.23 for medications)

Allergies: <allergy>
Feeding instructions:
Type of Food: OWN / HOSP
Medication (Fee per day): YES / NO
Medication Instructions:

The following services are required for boarding your pet.

DOG

CAT

<u>Due Date</u>	<u>Service</u>	<u>Service Needed</u>	<u>Due Date</u>	<u>Service</u>	<u>Service Needed</u>
	Rabies	<input type="checkbox"/>		Rabies	<input type="checkbox"/>
	Distemper/Parvo	<input type="checkbox"/>		FVRCP	<input type="checkbox"/>
	Bordetella	<input type="checkbox"/>		Fecal	<input type="checkbox"/>
	Fecal	<input type="checkbox"/>		Flea Prevention	<input type="checkbox"/>
	Flea Prevention	<input type="checkbox"/>			

Any pet for which Noah's Ark Veterinary Hospital does not have written or verbal confirmation from your veterinarian for the above vaccines will be vaccinated at the owner's expense upon admittance for boarding.

Owner's Initials: _____

If it is determined that the pet has fleas, we will de-flea the pet at the owner's expense.

Owner's Initials: _____

Can your pet have a bed or blanket while boarding?

Yes No

If Yes; I understand the risk of having items that can be chewed in the cage with my pet and assume financial responsibility if consumed.

Owner's Initials: _____

Additional Services:

(Additional Services will not be provided during holidays or weekends)

- Bath Only (pick-up after 1pm) - \$30
- Bath Package (pick-up after 1pm) - \$55
- Nail Trim - \$24.08
- Individual Play Time - \$10 _____ (How many per stay)
- Ear Cleaning - \$33.64
- Cuddle Time - \$10 _____ (How many per stay)

Emergency Information:

Please list **ALL** numbers where we can reach you or your emergency contact:

Phone #1: _____ Phone #2: _____

In the event of a medical emergency, I authorize Noah's Ark Veterinary Hospital to (please check one):

- A. Perform any medical procedures deemed necessary and in the best interest of my pet without contacting me.
- B. Perform any medical procedures deemed necessary up to \$100.00 without contacting me.
- C. Contact me prior to performing any procedures, if not available NAVH will treat up to \$50.

Owner's Signature

Date