

Pet Name: _____ **Client Name:** _____

Dates Boarding: Admission Date _____ Pick-up Date _____
Charges are per night and a half day charge will be added for discharges after 1pm

We will gladly bathe your pet prior to discharge for a fee of \$25.50.

Do you wish to receive this service? _____ **Yes** _____ **No**

If yes, please pick your pet up after 1 pm – the half day charge will be waived

Noah's Ark Veterinary Hospital is authorized to release my pet(s) to the following person/people:

Medical Information:

Allergies/medications:

For your pet's protection, Noah's Ark Veterinary Hospital requires any animal boarding in this facility to be current on the following vaccinations:

Canine or Feline Rabies
Canine Distemper/Parvo or Feline FVRCP
Canine Bordetella

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

Emergency Information:

A number where we will be able to reach you is: _____

An alternate emergency contact is: _____

In the event of a medical emergency, I authorize Noah's Ark Veterinary Hospital to:

- 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 \$75.00 without contacting me.
- C. Contact me prior to performing any medical procedures on my pet.
- D. Do not perform any medical procedures on my pet.

Owner Signature

Date