

<b>Pet Name:</b>	<b>Owner Name:</b>
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**Dates Boarding**      **Admission Date:** \_\_\_\_\_ **Pick-Up:** \_\_\_\_\_ am / pm

**Medical Information (There is an additional daily charge of \$6.00 for medications)**

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

**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)**

- |                                                                  |                                                                                   |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Bath Only (pick-up after 1pm) - \$36.99 | <input type="checkbox"/> Bath Package (pick-up after 1pm) - \$62.99               |
| <input type="checkbox"/> Nail Trim - \$28.49                     | <input type="checkbox"/> Individual Play Time - \$11.50 _____ (How many per stay) |
| <input type="checkbox"/> Ear Cleaning - \$42.50                  | <input type="checkbox"/> Cuddle Time - \$11.50 _____ (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.

