

**Boarding at Noah's Landing Pet Care Clinic
Information and Authorization**

Pet's Name _____ Date _____

Owner's Name _____ Contact # while away _____

Does your pet see a veterinarian at another clinic? _____ Clinic Name _____

HEALTH REQUIREMENTS -In order to protect the health of your pet, we require that all pets are properly immunized. Dogs need immunizations for; rabies, distemper, parvovirus, and kennel cough. Cats need immunizations for; rabies, upper respiratory infections, distemper, and leukemia. If any of your pet's vaccinations are due, they must be given before boarding. If your pet is not on flea preventive, we will administer it and add it to your invoice.

DIET – We feed Iams in house.

MEDICATIONS - Any medication which you bring must be in the original veterinary labeled container with instructions for administration and your veterinarian's phone number. If a refill is necessary during your pet's stay with us, we will dispense and give the medication and bill accordingly.

HOURS – Pets may be entered and discharged only during regular office hours. We are not open on Sundays or holidays. Your pet's first day will be charged as a full day, no matter what time it enters. However, if you pick your pet up before 3:00 PM, there is no charge for the last day. A full day will be charged for any pet picked up after 3:00 PM.

ACTIVITIES – Your pet will be walked 3-4 times daily. We feed pets twice a day unless otherwise requested. We have chewies, but encourage you to bring your pet's favorite toys – please mark them.

BATHS – We give discounted baths and nail trims if you request them when checking in. If your pet needs to stay past 3:00 PM to dry, we will not charge boarding for the last day. Bath Y ___ N ___ Nails Y ___ N ___

_____ If not our client, did you bring vaccination records? _____

_____ Does your pet have a leash, harness, or carrier?(Describe) _____

_____ Did you bring a toy ? (Describe) _____

_____ Did you bring bedding? (Describe) _____

_____ Did you bring food? (dry/ canned) Name of food _____

_____ Does your pet have any dietary restrictions? _____

_____ Did you bring dietary supplements or grooming products? _____

_____ How often do you feed your pet? _____

_____ Did you bring medicine? _____ If so, what? _____

_____ When did your pet last receive it's medicine? _____

_____ Is your pet on flea/tick preventive? _____ Which one? _____ When was last dose? _____

_____ May we treat your pet for anxiety? _____ Do you wish to be contacted? _____

Other comments or instructions _____

If my pet becomes ill, I give permission for the doctors to give the treatment they feel is necessary with fees not to exceed \$ _____. I want to be called before treatment begins (initial) _____. I understand that the doctors may start emergency life saving treatment before I can be reached. I agree to pay any fees associated with this emergency treatment (.initial) _____. If you do not agree to the above write NO in the blanks.

I certify that I have read this document and that I agree with the information. I further certify that my pet did not bite anyone in the past ten days. Signature _____