NOAH'S
Bed & Biscuit
LUXURY PET RESORT

Client & Pet Information

Location:

16975 Ruthie Lane, Kiefer, OK 74041 Tel: 918 321 9999
noahspetresort@yahoo.com
noahsbedandbiscuit.com

OWNER INFORMATION (Required):

Pet Parent 1: _____ Cell: _____

Address: _____ City: _____

State: _____ ZIP: _____ Email: _____

Pet Parent 2: _____ Cell: _____

E-mail: _____ Date: _____

EMERGENCY CONTACT (Not Self or Spouse):

Name: _____ Cell: _____

PET 1 INFORMATION & MEDICAL HISTORY:

Name: _____ Breed: _____ Color: _____ Weight: _____

DOB: _____ Age: _____ Gender: _____ Neutered/Spayed ☐ Unaltered ☐

Does your pet have an I.D. tag? Yes ☐ No ☐ (ID tag required) Method of flea control: _____

Vaccinations: Please check all that are current: Rabies ☐ Bordetella ☐ DHPP ☐ Canine Influenza ☐

Brand/flavor of food fed at home: _____ How much/Often? _____

Does your dog have special diet requirements? ☐ No ☐ Yes: _____

If he/she is a picky eater, can we add: Gravy ☐ Our food ☐ Treats ☐ Rice ☐ Chicken ☐

Does your dog take any medication: ☐ No ☐ Yes: _____

Please list any previous surgery, injury or medical condition (eg. seizure, respiratory condition, cough, pancreatitis, anxiety, food/environmental allergies, heart worm +, flea/tick, ear infection etc.): _____

_____

BEHAVIOR & SOCIAL INTERACTION:

Is your dog's energy level: High ☐ Medium ☐ Low ☐ ☐

Check all that apply, my dog: Is crate trained ☐ Can climb/jump fences ☐ Eats stool or foreign objects ☐

Has your dog ever been boarded or attended doggie daycare? No ☐ Yes ☐ Most recent stay ___/____/____

Does your dog go to dog parks or other off leash environments? No ☐ Yes ☐ How often? _____

Does your dog visit another pet care provider for regular grooming or daycare? No ☐ Yes ☐ _____

Has your pet ever been aggressive/dominant or nipped/bitten a person or another pet? No ☐ Yes ☐ If yes, please explain: _____

Does your dog readily share food/toys/treats? Yes ☐ No ☐ (He/she is food aggressive) Unknown ☐

PREFERRED VET CLINIC

Name: _____ City: _____

Tel: _____ ☐ I authorize my vet to share updated vaccination records & discuss my pets care if such need should arise. ***Please e-mail a copy of your pet's vaccination records (or bring on your 1st visit).**

SPECIAL DIET DIRECTIONS

Purina Proplan (Lamb & Rice) is included in your pet's stay. If you wish to bring food from home; please pre-portion each meal in a ziplock bag & label as follows:

Name Date AM/PM

*$5 charge per meal for special feed/additional feeding.

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Service Agreement

This is a Contract between NOAHS BED AND BISCUIT (hereinafter called "Kennel") and the pet owner whose signature appears below (hereinafter called "Owner").

- Owner agrees to pay the rate for boarding, daycare, or grooming services in effect on the date pet is checked into the kennel & any charges incurred due to late pick up. Any pet not picked up by close of business on any given day will be assumed to be boarding that night & the reservation modified to include an additional single overnight boarding fee. No after hours pick up.
- Owner further agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during the time said pet is in the care of Kennel.
- Owner further agrees that the pet shall not leave Kennel until all charges are paid to Kennel by Owner.
- By signing this Contract and leaving his pet with Kennel, Owner certifies to the accuracy of all information given about said pet, and that the Kennel's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of $200 per animal boarded.
- The Owner further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of Kennel. If the pet causes injury to another pet or member of staff Owner agrees to pay costs of veterinary and or medical care.
- Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.
- Owner specifically represents to Kennel that the pet has not been exposed to rabies, distemper, parvo virus, feline leukemia or other contagious diseases within a 30 day period prior to boarding.
- All charges incurred by Owner shall be payable upon pick-up of pet, or when billed by Kennel at the address listed on Contract. Kennel shall have, and is hereby granted, a lien on the pet for any and all unpaid charges resulting from boarding the pet at Kennel. If Owner does not pick up the pet within 15 calendar days after the day the pet was due to be picked up, the pet shall be deemed to be abandoned. The person into whose custody the pet was placed for care shall first try for a period of not less than 10 days to find a new owner for the pet, and, if unable to place the pet with a new owner, shall thereafter assign pet to a private or public sale.
- If the pet becomes ill or if the state of the pet's health otherwise requires professional attention, the Kennel, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the pet, and the expenses thereof shall be paid by Owner.
- This Contract contains the entire agreement between the parties. All terms and conditions of this Contract shall be binding on the heirs, administrators, personal representatives and assigns of Owner and Kennel.
- Any controversy or claim arising out of or relating to this Contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this Contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of this award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.
- This contract shall be in force for this and all future boarding, daycare, & grooming services at NOAHS BED AND BISCUIT.

Pet Owner _____ **Date** _____

Noah's Bed & Biscuit Representative _____

Additional Pet Information

PET 2 INFORMATION & MEDICAL HISTORY:

Name: _____ Breed: _____ Color: _____ Weight: _____

DOB: _____ Age: _____ Gender: _____ Neutered/Spayed ☐ Unaltered ☐

Does your pet have an I.D. tag? Yes ☐ No ☐ (ID tag required) Method of flea control: _____

Vaccinations: Please check all that are current: Rabies ☐ Bordetella ☐ DHPP ☐ Canine Influenza ☐

Brand/flavor of food fed at home: _____ How much/Often? _____

Does your dog have special diet requirements? ☐ No ☐ Yes: _____

If he/she is a picky eater, can we add: Gravy ☐ Our food ☐ Treats ☐ Rice ☐ Chicken ☐

Does your dog take any medication: ☐ No ☐ Yes: _____

Please list any previous surgery, injury or medical condition (eg. seizure, respiratory condition, cough, pancreatitis, anxiety, food/environmental allergies, heart worm +, flea/tick, ear infection etc.): _____

_____

PET 2 BEHAVIOR & SOCIAL INTERACTION:

Is your dog's energy level: High ☐ Medium ☐ Low ☐ ☐

Check all that apply, my dog: Is crate trained ☐ Can climb/jump fences ☐ Eats stool or foreign objects ☐

Has your dog ever been boarded or attended doggie daycare? No ☐ Yes ☐ Most recent stay ___/____/____

Does your dog go to dog parks or other off leash environments? No ☐ Yes ☐ How often? _____

Does your dog visit another pet care provider for regular grooming or daycare? No ☐ Yes ☐ _____

Has your pet ever been aggressive/dominant or nipped/bitten a person or another pet? No ☐ Yes ☐ If yes, please explain: _____

Does your dog readily share food/toys/treats? Yes ☐ No ☐ (He/she is food aggressive) Unknown ☐

PET 3 INFORMATION & MEDICAL HISTORY:

Name: _____ Breed: _____ Color: _____ Weight: _____

DOB: _____ Age: _____ Gender: _____ Neutered/Spayed ☐ Unaltered ☐

Does your pet have an I.D. tag? Yes ☐ No ☐ (ID tag required) Method of flea control: _____

Vaccinations: Please check all that are current: Rabies ☐ Bordetella ☐ DHPP ☐ Canine Influenza ☐

Brand/flavor of food fed at home: _____ How much/Often? _____

Does your dog have special diet requirements? ☐ No ☐ Yes: _____

If he/she is a picky eater, can we add: Gravy ☐ Our food ☐ Treats ☐ Rice ☐ Chicken ☐

Does your dog take any medication: ☐ No ☐ Yes: _____

Please list any previous surgery, injury or medical condition (eg. seizure, respiratory condition, cough, pancreatitis, anxiety, food/environmental allergies, heart worm +, flea/tick, ear infection etc.): _____

_____

PET 3 BEHAVIOR & SOCIAL INTERACTION:

Is your dog's energy level: High ☐ Medium ☐ Low ☐ ☐

Check all that apply, my dog: Is crate trained ☐ Can climb/jump fences ☐ Eats stool or foreign objects ☐

Has your dog ever been boarded or attended doggie daycare? No ☐ Yes ☐ Most recent stay ___/____/____

Does your dog go to dog parks or other off leash environments? No ☐ Yes ☐ How often? _____

Does your dog visit another pet care provider for regular grooming or daycare? No ☐ Yes ☐ _____

Has your pet ever been aggressive/dominant or nipped/bitten a person or another pet? No ☐ Yes ☐ If yes, please explain: _____

Does your dog readily share food/toys/treats? Yes ☐ No ☐ (He/she is food aggressive) Unknown ☐