



24 Hour Full Pet Care

1306 N.W. 18th Avenue
Portland, OR 97209

503.223.NOAH (6624)
503.223.6623 (fax)

www.noahsarf.com

HOURS:

MONDAY-FRIDAY: 7:00am to 7:00pm

SATURDAY: 9:00am to 6:00pm

SUNDAY: 10:00am to 6:00pm

We are available 24 hours a day
with prior arrangements for
your convenience.

We are open 365 days a year.

Free parking for pick-up & drop-off.

OUR SERVICES:

- 🐾 Daycare
 - 🐾 Overnight
- 🐾 Kitty Condos
 - 🐾 Grooming
- 🐾 Wash Your Own
 - 🐾 Magic Paws Massage
- 🐾 Pet Deli & Boutique
 - 🐾 Pet Taxi
- 🐾 In-home Care
 - 🐾 Dog Walking
- 🐾 Obedience Training
 - 🐾 Special Needs
- 🐾 Pint-sized Playground

We'll do just about anything
for your best friend.

Just try us!

APPLICATION

Today's Date _____

OWNER INFORMATION:

(Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Employer: _____

Address: _____

Work Phone: _____ Ext.: _____

Email Address _____

EMERGENCY CONTACT:

Name: _____

Phone: _____

PET INFORMATION:

Name: _____ Species/Breed: _____

Age: _____ Date of Birth: _____ Weight: _____ Sex: _____

VETERINARIAN:

Clinic: _____

Vet name: _____

Address: _____

Telephone: _____

THOSE AUTHORIZED TO PICK-UP YOUR PET:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PET PERSONALITY PROFILE

GENERAL INFORMATION:

How did you hear about Noah's Arf? _____

Pet's Name: _____ Pet's Birth date: _____

Pet's Species/Breed: _____ Sex: _____ Age: _____

How long have you owned your pet? _____

Where did you get your pet? _____

If adopted, do you have knowledge of your pet's past history? _____ If yes, describe: _____

No. of people in your household? _____ Adult males? _____ Adult females? _____ Does your pet like children? _____

Describe how your pet behaves around children: _____

List other animals in your household:

Species	Breed	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe how your pet gets along with the other animals in the household: _____

HEALTH AND GROOMING:

Does your pet have fleas? _____

Does your dog have hip dysplasia? _____ If yes, any restrictions on your dog's activities or movements? _____

Does your pet have any allergies? List: _____

Any food sensitivities? _____

What brand of dog food does your pet use? _____ How often do you feed your pet? _____

List any current medical problems: _____

List any chronic medical problems: _____

List any medications your pet currently takes: _____

Will these medications need to be administered while your pet is here? _____

Does your pet have any sensitive areas on his/her body? _____

Does your pet like being brushed? _____

What are your pet's favorite petting spots? _____

BEHAVIOR:

Do visitors bring their pets to your home? _____ If yes, how does your pet react? _____

How does your pet react to a stranger coming into your home? _____

Does your dog ever bark or growl at anyone passing outside your home? _____