



## 24 Hour Full Pet Care

14195 SW Millikan Way  
Beaverton, OR 97005  
503.521.7634  
503.521.7675 (fax)  
www.NOAH SARF.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!**

## AGREEMENT AND RELEASE/HEALTH AND TEMPERAMENT

1. In agreement of being permitted to use the services and facilities of Noah's Arf, I/we, the undersigned Owner(s), hereby release, waive, and discharge Noah's Arf, its owners, staff, and volunteers from all liability for any and all loss or damage, and any claim or damages resulting there from, on account of injury, loss, damage, infestation, or disease to my/our pet(s) even injury resulting in death, whether caused by the negligence of Noah's Arf, its owners, staff or volunteers or otherwise while my/our pet(s) are under the care of Noah's Arf.
2. I/we agree to indemnify Noah's Arf, its owner, staff, and volunteers for any loss, liability, damage, or cost they may incur due to my/our presence or the presence of my/our pet(s) in or upon Noah's Arf premises and while my/our pet(s) is/are under the care of Noah's Arf.
3. I/we hereby assume full responsibility for any harm caused by my/our pet(s) while in/or upon Noah's Arf premises and while my/our pet(s) is/are under the care of Noah's Arf. I/we further agree to indemnify Noah's Arf, its owners, staff, and volunteers for any loss, liability, damage, or costs they may incur due to any harm caused by my/our pet(s)
4. I/we expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Oregon, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. I/we further understand and agree that in admitting my/our pet(s) to Noah's Arf, the owners of Noah's Arf have relied on my/our representation that my pet(s) is/are in good health and has/have not harmed or shown aggression or threatening behavior toward any person or any other pet.
6. I/we agree that should a court determine that any provision waiving liability is deemed unenforceable, Noah's Arf liability shall be limited to the funds paid to it by me for taking care of my/our pet.
7. I/we further understand and agree that any injury or illness that develops with my/pet(s) will be treated as deemed best by Noah's Arf, and that I/we assume full financial responsibility for any and all expenses involved, even if such expenses were later found to be unnecessary. Furthermore, should my/our pet pass away during our absence we direct that a veterinarian may be called to safe keep our pet until our return.
8. I/we have read the attached Rules and Regulations and agree to abide by them. I/we certify that I/we have read and understand the Rules and Regulations set forth on the preceding page and that I/we have read and understand this Agreement and Release. I agree to accept all the terms, conditions, and statements of this agreement.



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**AGREEMENT AND RELEASE/HEALTH AND TEMPERAMENT**

This form must be completed and signed by you. Your pet's health must be verified by your veterinarian's signature below or documentation, which can be turned in or faxed along with the membership application and rules & regulations form. Your pet may not attend Noah's Arf without these documents.

Today's Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Canine Vaccination Expiration Dates:

Pet Name: \_\_\_\_\_ Rabies: \_\_\_\_\_ DHLPP: \_\_\_\_\_ Bordatella: \_\_\_\_\_

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Pet Name: \_\_\_\_\_ Rabies: \_\_\_\_\_ DHLPP: \_\_\_\_\_ Bordatella: \_\_\_\_\_

Feline Vaccination Expiration Dates:

Pet Name: \_\_\_\_\_ Rabies: \_\_\_\_\_ FVRCP: \_\_\_\_\_ Leukemia: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Rabies: \_\_\_\_\_ FVRCP: \_\_\_\_\_ Leukemia: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Rabies: \_\_\_\_\_ FVRCP: \_\_\_\_\_ Leukemia: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Rabies: \_\_\_\_\_ FVRCP: \_\_\_\_\_ Leukemia: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

License County: \_\_\_\_\_ ID#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_