

Wags & Whiskers
5470 Main Street
Shallotte, NC 28470
910-754-5207

Owner Information

Name _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail _____

Pet Information

Cat's Name _____

Breed _____ Color _____

Age _____ Date of Birth _____

Sex _____ Spayed or Neutered Y/N _____

Veterinarian Information

Name _____

Address _____

Phone _____

Feeding Schedule

Please list what brand of food, how much and how often

Does your cat have health problems or allergies? _____

If yes, please explain _____

Is your cat on any medication? _____

If yes, name and dosage _____

Please give specific instructions, so we may administer correctly

Any other information you would like us to know about your cat?

Wags & Whiskers Kennel

Owners Name: _____ Date: _____

Home Phone: _____ Cell #: _____ Pets Name: _____

My Emergency Contacts that can make medical & financial decisions about my pet/s if I am unable to be reached:

Emergency Contact #1: _____ Phone #: _____

Emergency Contact #2: _____ Phone #: _____

Emergency Contact #3: _____ Phone #: _____

Current known ailments of my pet: _____

MEDICAL TREATMENT RELEASE AGREEMENT

I hereby provide my consent for transportation and medical treatment of my animal/s in case of an emergency, illness or injury if I cannot be contacted. I understand that in the event of an emergency, illness or injury, that Wags & Whiskers Kennel Staff and or management will attempt to contact me at all numbers provided above. I hereby acknowledge and agree to pay/reimburse all incurred fees to Wags & Whiskers, any Veterinarian or anyone associated with medical transportation and/or treatment of my pet/s in case of emergency.

Signature: _____ Date: _____

Print Name: _____

If the emergency, illness or injury is after hours or on a weekend, I give my consent for Wags & Whiskers staff to transport my animal/s to an Emergency Veterinary Hospital for treatment. I am agreeing to reimburse for any transportation fees and I will pay for any and all medical treatment/s. I understand that Wags & Whiskers staff will, to the best of their ability, attempt to contact me if such an event arises.

Signature: _____ Date: _____

The terms of this **Medical Treatment Release Agreement** shall be in effect for one year from the effective date above. Upon expiration, a new agreement must be signed to permit your pet/s to board at Wags & Whiskers.

Acknowledged by Wags & Whisker Staff: _____ Date: _____

Wags & Whiskers Kennels Pet Care Agreement

Owner/s Name: _____ Pet/s Name: _____

This is an agreement between Wags & Whiskers and the pet Owner whose signature appears below, hereinafter referred to as the "Owner".

*Owner agrees to pay the rate for the pet/s care provided in effect on the date the pet checks into Wags & Whiskers.

*Owner further agrees to pay all costs and charges for special services requested, including any and all transportation and/or veterinary costs for the pet during said visit at the Wags & Whiskers.

*By signing this agreement and leaving pet/s with the Wags & Whiskers, owner certifies the accuracy of all information provided with regard to the pet/s. Wags & Whiskers reserves the right to deny admittance for boarding Owners pet/s for any reason at any time.

*Owner specifically represents that he or she is the sole owner of the pet/s and have in their possession free and clear title to the pets and, are free of any liens and or encumbrances with regards to the pet/s.

*Owner represents to Wags & Whiskers that, to the owners knowledge, that the pet/s have not been exposed to any contagious diseases with a thirty (30) day period prior to check in at Wags & Whiskers. During the period of this agreement, Owner also agrees to notify Wags & Whiskers of any known exposure of pet/s to a communicable disease and hold pet/s out of attending Wags & Whiskers until pet/s are symptom free for a minimum of 10 days or written Veterinary written clearance. Owner further agrees to maintain current vaccinations as required by Wags & Whiskers.

*Owner further agrees to be financially responsible for any required treatment of fleas/ticks if determined necessary by the pet care provider.

*All charges incurred by owner shall be payable upon pick up of pet/s. The Owner hereby agrees that in the event the charges are not paid when due in accordance with this agreement, own must remit full payment at the time of pick up. If full payment is not made at time of pick up, animals will be surrendered to Brunswick County Animal Protection Services and the account will be turned over to creditors for collection.

*If pet/s become injured or ill during visit and/or is deemed to need professional medical attention, Wags & Whiskers, in the sole discretion, may engage the services of a Veterinarian, administer medicine or provide other requisite attention to the animal. Any and all expenses incurred shall be the responsibility of the Owner and Owner agrees to reimburse all fees immediately.

*The terms of this **Wags & Whiskers Pet Care Agreement** shall be in effect for one year from the effective date above. Upon expiration, a new agreement must be signed to permit your pet/s to board at Wags & Whiskers.

Owner Signature: _____

Date: _____

Wags & Whiskers Customer Release Form for Cat/s

I have informed Wags & Whiskers of all, if any, medical conditions my cat/s may have. To my knowledge, my cat/s is in good health or being treated with proper medical care for any conditions.

I hereby provide the staff of Wags & Whiskers permission to seek Veterinary care for my cats/s if needed. I accept all financial obligations/bills of any veterinary care or services rendered. I understand that care will be given to insure my cat/s health, happiness and well being, and that Wags & Whiskers is not responsible for any damages or losses to person, property or animals as a result of any actions intended or applied.

I give permission for my cat/s to have kennel food if needed **YES** _____ **NO** _____

If **NO**, what kind/brand of food do you authorize Wags & Whiskers to provide your cat/s? (Unless you have someone provide your specific food, the Wags & Whiskers staff will do their best to match your request from their line of products carried in the store and you will be billed appropriately)

Is your cat/s on Flea Prevention? **YES** _____ **NO** _____

What type/brand? _____ Date last administered? _____

Are you going out of the country? **YES** _____ **NO** _____ Where? _____

Provide the best Phone/Cell Number that you can be reached at _____

I am aware of the pick-up and drop-off hours. I understand that I am charged for the day I drop-off my cat/s, and there is no charge for the day I pick-up my cat/s, provided it is during the posted AM pick-up hours.

I will be picking my cat/s up on: _____
Day of the Week Date Time

I have completed this Release Form to the best of my knowledge and will abide by all policies of Wags & Whiskers.

Print Your Name

Signature

Today's Date

Wags & Whiskers Salon Services Agreement

Owner/s Name: _____ Pet/s Name: _____

PICK UP DATE: _____ **TIME** _____ **AM PM**

I would like for my Cat to receive the following Spa Service:

_____ **Dry Bath Service** starts at \$30.00
(Includes dry bath, ear cleaning, nail trim, brush out)

_____ **Mat Removal** starts at \$10.00 (if possible)

_____ **Nail Trim** \$12.00

_____ **Brush-Out** \$10.00

Our staff will attempt to schedule your cat's spa service as close as possible to your check out