

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

**Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Pet Information**

Dog'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

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Does your dog have health problems or allergies? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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Is your dog on any medication? \_\_\_\_\_

If yes, name and dosage \_\_\_\_\_

Please give specific instructions, so we may administer correctly

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Is your dog good with other dogs? \_\_\_\_\_ People? \_\_\_\_\_

If no, Please explain \_\_\_\_\_

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

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# 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 time of pickup. 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  
Hurricane Season Boarding Waiver Form**

It is the policy of Wags & Whiskers Kennel to strongly recommend that owners take their pets with them when an impending dangerous storm is anticipated to hit Brunswick County and surrounding areas.

If your pet is boarding when a dangerous storm approaches, we will make every effort to contact you and give you the option of picking up your pet or releasing your pet to a friend or family member.

If we cannot contact you, or arrangements cannot be made to have your pet picked up, Wags & Whiskers will take all possible precautions to care for your pet while it is boarding. Due to the unpredictability of these types of storms, Wags & Whiskers staff may have to evacuate. We will make sure your pet is fed and has plenty of water prior to evacuation. However, we cannot guarantee the safety of your pet, the safety of the building, nor can we be certain as to when we will be able to gain access to the boarding facility after the storm passes.

I have read the above information and understand that, during the Hurricane Season in North Carolina, I am responsible for providing contact information for a designated person(s) that will be able to pick up my pet(s) if needed. If I am unable to do so I understand that I will be boarding my pet(s) at my own risk.

_____	_____	_____
Signature	Date	Pet(s) Name

**Emergency Pick Up Contacts:**

Name _____	Phone _____
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Name _____	Phone _____
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Name _____	Phone _____
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## Wags & Whiskers Customer Release Form for Dog/s

I have informed Wags & Whiskers of all, if any, medical conditions my dog/s may have. To my knowledge, my dog/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 dog/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 dog/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 dog/s to participate in playcare and/or interact with other dogs while being boarded. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

I give permission for my dog/s to have kennel food if needed **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If **NO**, what kind/brand of food do you authorize Wags & Whiskers to provide your dog/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)

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Is your dog/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 dog/s, and there is no charge for the day I pick-up my dog/s, provided it is during the posted AM pick-up hours.

I will be picking my dog/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 Dog to receive the following Spa Service:

\_\_\_\_\_ **Complete Grooming Services\*, which includes:**

- Bath, Ears Cleaned, Nail Trim, Anal Glands, Hair Cut or Trim, Mat Removal and Full Brush Out
- *\*Price is based on type of Dog Breed and services required*

**Please be specific on how you would like your dog to be groomed otherwise, your dog will be groomed to the discretion of the Groomer:**

- **Body** (How much off? ½ “, 1” etc.) \_\_\_\_\_
- **Legs** (Same as Body, ½ “ longer, etc.) \_\_\_\_\_
- **Ears** (1” off, etc.) \_\_\_\_\_
- **Face/Head** (Short, Round, Mustache, Eyebrows, etc.) \_\_\_\_\_
- \_\_\_\_\_
- **Tail** (Long, Short, etc.) \_\_\_\_\_
- **Anything Else Groomer Needs to Know?**
- \_\_\_\_\_

\_\_\_\_\_ **Basic Service, which includes:**

- Bath, Ears Cleaned and Nail Trim (Does not include mat removal or hair trimming)

_____ Small Dog	<b>\$15</b>
_____ Medium Dog	<b>\$20</b>
_____ Large Dog	<b>\$25</b>
_____ X Large Dog	<b>\$30</b>
-----Nail Dremel (w/bath)	<b>\$3</b>

\_\_\_\_\_ **Individual Services:**

_____ Nail Trim	\$12	_____ Sanitary Area	\$5
_____ Nail Dremel	\$15	_____ Anal Glands	\$5
_____ Trim Paw Pads	\$5	_____ Brush Teeth	\$6

Our Staff will attempt to schedule your dog's spa service/s as close as possible to your check out