

**WAGS & WHISKERS KENNEL  
DROP OFF AND PICK UP HOURS**

**MONDAY- FRIDAY .....9:00am – 4:30pm**

**SATURDAY .....9:00am – 11:00am**

**OR**

**5:00pm – 6:00pm**

**SUNDAY .....8:30am – 9:30am**

**OR**

**5:00pm – 6:00pm**

**You are charged for the day your pet arrives. There is no charge for the day you pick up, if your pet is picked up DURING THE AM CHECK OUT TIME.**

**Monday – Friday ....Check out time is 12 Noon**

**Saturday .....Check out time is 9:00am – 11:00am**

**Sunday .....Check out time is 8:30am – 9:30am**

**You may pick up your pet during our PM hours. However, you will be charged for the day.**

**\$30.00 FEE WILL BE CHARGED, IF YOU CHOOSE TO DROP OFF OR PICK UP BEFORE OR AFTER POSTED KENNEL HOURS**

## Kennel Prices:

1 Dog.....\$35.00  
2 Dogs in same room....\$65.00  
3 Dogs in same room....\$75.00

1 Cat.....\$20.00  
2 Cats in same room....\$35.00  
3 Cats in same room...\$45.00

Un-Neutered Males....\$5.00 extra per day  
Female in Heat.....\$10.00 extra per day

If we provide kennel dry food  
Dogs .....\$3.00 extra per day  
Cats .....\$2.00 extra per day

All pets are required to have proof of current vaccinations at the time of arrival. We cannot board any pet without current proof of vaccinations. If you do not have a copy, you may have your veterinarian fax or email them. Our fax number is 910-755-6245 or you may email them to [boarding@wagsandwhiskersshallotte.com](mailto:boarding@wagsandwhiskersshallotte.com).

### Vaccinations Required:

Dogs- Rabies  
Distemper/Parvo  
Bordetella

Cats- Rabies  
Feline Distemper

The Bordetella vaccine must be administered 10 days prior to boarding if your dog has never had the vaccine or if it has been expired for more than 90 days.

All dry food and treats must be in airtight containers with lids: no bags or zip lock bags. If you wish to pre-pack your food in zip lock bags, the zip lock bags must be placed in an airtight container. If you arrive without a proper food container, there will be a \$5.00 charge for the use of our containers.

All medications, including prescription, non-prescription, vitamins, supplements, creams, and eye/ear drops, must be in the original bottles or packaging with correct written instructions. WE ARE NOT ALLOWED TO ACCEPT OR ADMINISTER ANY MEDICATIONS AND SUPPLEMENTS IF THEY ARE NOT IN THE ORIGINAL BOTTLES OR PACKAGING. The medication fee is \$1.00 per day per medication. For injectable medications requiring a needle/syringe, the fee is \$5.00 per day.

All pets must be free of fleas & ticks. We take every precaution to keep our facility and pets flea & tick-free. If a pet is found to have fleas and/or ticks, they will be treated, and appropriate fees will apply.

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

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

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

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

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

Please give specific instructions, so we may administer correctly

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

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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.

## 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  
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
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**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 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 Release Form for Cats

I have picked up my Cat/s \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ AM/PM  
Cat/s Name

**Plus, I have received all of my pet's items.**

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Print Your Name \_\_\_\_\_

\_\_\_\_\_  
Your Signature

## Inventory of Pet's Items

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 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** \$15.00

\_\_\_\_\_ **Brush-Out** \$10.00

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