Wags & Whiskers

KENNEL DROP OFF AND PICK UP HOURS

MONDAY – FRIDAY.....9:00 am – 4:30 pm

SATURDAY.....9:00 am – 11:00 am

OR

5:00 pm – 6:00 pm

SUNDAY.....8:30 am – 9:30 am

OR

5:00 pm – 6:00 pm

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 which is described below:

Monday-Friday: Checkout between: 9:00am-11:59am – no charge for that day

Saturday: .....Checkout between: 9:00am-10:59am – no charge for that day

Sunday: .....Checkout between: 8:30am-9:29am – no charge for that day

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

$40 EXTRA FEE WILL BE CHARGED, IF YOU CHOOSE TO DROP OFF OR PICK UP BEFORE OR AFTER POSTED KENNEL HOURS

Kennel Prices Effective October 1, 2026:

1 Dog…….$45.00	1 Cat……$25.00
2 Dogs in same room….$85.00	2 Cats in same room....$45.00
3 Dogs in same room….$105.00	3 Cats in same room…$60.00

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

All pets are required to have proof of current vaccinations submitted prior to arrival. We cannot board any pet without current proof of vaccinations. If you do not have a copy, you may have your veterinarian email them to boarding@wagsnc.com

Vaccinations Required:

Dogs:	Rabies Distemper/Parvo Bordetella	Cats:	Rabies Feline Distemper

***** If your dog has never had the Bordetella vaccine or it has been expired more than 90 days, we require the Bordetella vaccine to be administered 10 days prior to the boarding. *****

Food / Medication / Flea Prevention Requirements:

All dry food and treats must be in airtight containers with lids. If you wish to pre-pack your food in zip lock bags, the zip lock bags must be placed in an airtight container with a lid. Treats must be in their own separate bag. If you arrive without a proper food container, there will be a $5.00 charge for the use of our containers. SUPPLEMENTS, TREATS AND MEDICINE MUST BE SEPARATE SEE BELOW:

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. The medications fee is 1.00 per medication per day. Injectable medications requiring the use of a needle/syringe will be $5.00 per day. WE ARE NOT ALLOWED TO ACCEPT OR ADMINISTER ANY MEDICATIONS AND/OR SUPPLEMENTS IF THEY ARE NOT IN THE ORIGINAL BOTTLES OR PACKAGING AS WELL AS ADMINISTER EXPIRED MEDICATIONS AND/OR SUPPLEMENTS.

All pets must be free of fleas & ticks. We take every precaution to keep our facility and pet's 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

Owner Information:

Name:_____

Address_____

City, State & Zip Code:_____

Home Phone:_____ Cell Phone:_____

E-mail:_____

Pet Information:

Cat's Name:_____

Breed:_____ Color:_____

Age:_____ Date of Birth:_____ Weight:_____

Sex:_____ Spayed or Neutered Y/N:_____

Veterinarian Information:

Name:_____

Address:_____

City, State & Zip Code:_____

Phone:_____

Wags & Whiskers Pet Care Instructions

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

_____

_____

_____

*Please note all prescription medications must be in the original container from the doctor with prescription label attached. The medication fee is $1.00 per medication per day. Injectable medication requiring the use of a needle/syringe will be $5.00 per day.

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

_____

_____

_____

Wags & Whiskers Medical Treatment Release Agreement

Owner Name:_____ **Date:**_____

Home Phone:_____ **Cell #:**_____ **Pet Name:**_____

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

WE REQUIRE THREE (3) EMERGENCY CONTACTS - *in the event that we are unable to contact you while your pet is boarding*.

PLEASE DO NOT LIST YOURSELF BELOW.

Emergency Contact #1:_____ **Phone #:**_____

Emergency Contact #2:_____ **Phone #:**_____

Emergency Contact #3:_____ **Phone #:**_____

Current known ailments of my pet:_____

_____

I hereby provide my consent for transportation and medical treatment of my pet/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.

Owner 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 pet/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.

Owner Signature:_____ **Date:**_____

The terms of the **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 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 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 pet/s 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 within 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 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, Owner must remit full payment at the time of pickup. If full payment is not made at time of pick up, pet/s will be surrendered to Brunswick County Animal Protection Services and the account will be turned over to the creditors for collection.

*If pet/s become injured or ill during visit and/or is deemed to need professional medical attention, Wags & Whiskers, in their sole discretion, may engage the services of a Veterinarian, administer medication and provided other requisite attention to the animal. Any and all expenses incurred shall be the responsibility of the Owner and the 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 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/s picked up, Wags & Whiskers will take all possible precautions to care for your pet/s while boarding. Due to the unpredictability of these types of storms, Wags & Whiskers staff may have to evacuate. We will make sure your pet/s is/are fed and has/have plenty of water prior to evacuation. However, we cannot guarantee the safety of your pet/s, 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.

Owner Signature:_____

Date:_____

Pet/s Name:_____

Emergency Pick Up Contacts:

Name:_____ Phone #:_____

Name:_____ Phone #:_____

Name:_____ Phone #:_____

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/are in good health or being treated with proper medical care for any conditions.

I hereby provided the staff of Wags & Whiskers permission to seek Veterinary care for my cat/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.

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

What type/brand?_____Date last administered?_____

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

Provided 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 Customer Release Form to the best of my knowledge and will abide by all policies of Wags & Whiskers.

Print Name:_____

Owner Signature:_____

Date:_____

Wags & Whiskers Release Form for Cat/s

I have picked up my Cat/s_____on___/___/____at_____AM/PM

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

Print Your Name:_____Your Signature:_____

INVENTORY OF PET'S ITEMS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Wags & Whiskers Salon Service Agreement for Cat/s

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

PICK UP DATE:_____TIME:_____AM / PM

I would like for my Cat/s to receive the following Spa Services:

_____ Cat Dry Bath Service – Starts at $35.00
- Includes dry bath, ear cleaning, nail trim, brush out

_____ Cat Nail Trim 17.00

_____ Cat Brush Out $25.00

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