



WAGS B&B: BOARDING

WAGS 'N WHISKERS
comprehensive pet care

PET AND OWNER INFORMATION:

Pet Name: _____ Arrival Date: / / Departure Date: / /
Dog / Cat Spayed/Neutered: Yes / No Breed: _____ Age: _____
Owner's First and Last Name: _____
Address: _____ Email: _____
City: _____ Phone: (1) _____ (2) _____
State: _____ Zip: _____ Preferred Contact Method: Call _____ Text _____

EMERGENCY CONTACT INFORMATION (OTHER THAN OWNER):

Name: _____ Name: _____
Email: _____ Email: _____
Phone: _____ Phone: _____

Please provide your vet clinic name & phone number Veterinarian's contact information

Veterinarian's Name: _____ Phone: _____

**Please note, vaccination records are required for all dogs to enter the facility. If not up to date on rabies, bordetella, and DHPP, pets will be taken to Wags' on-call vet at owner's expense.*

If my pet gets sick during stay: Call me _____ Text me _____ Call emergency contact _____ Call Wags on-call vet _____

Does your pet have health concerns? Yes / No Explain: _____

Does your pet have any allergies? Yes / No Explain: _____

Does your pet have medications? Yes / No Medication Name: _____

Do medications need to be administered while boarding? Yes / No Dosage: _____ Frequency: _____

Last administered dosage: _____ **Please note, a fee of \$3.50 per day, per pet will be charged to administer medications.*

While in boarding, I would like my pet to: Attend Camp Wags Daycare _____ Be Bathed _____ Be Groomed _____

Did you bring food?: Yes / No **Please note, if you do not provide food your pet will receive standard kennel food.*

Food brand: _____ Quantity per meal: _____ Frequency of meals: _____

Did you bring a bed? Yes / No Color: _____ Description: _____

Did you bring toys? Yes / No Quantity: _____ Description: _____

Did you bring a leash? Yes / No Description: _____

Are there any restrictions we should place on your pet's activities? Yes / No

Please explain: _____

If you have multiple pets, can they... Stay together? Yes / No Eat together? Yes / No

Signature : _____ Printed Name: _____ Date: / /