



Tails R Waggin'

Tails R Waggin' Day Spa & Resort
3435 S. New Hope Rd Gastonia, NC 28056
(704) 824-3511 | staff@trwdayspa.com

Pet's Name: _____

Arrival Date: _____

Departure Date & Time: _____

Picking up outside of regular pick up hours will result in an additional fee.

Regular Pick Up Hours: Monday - Friday: 7:30-11:30am / Saturday: 8:00-9:00am ONLY / Sunday: 3:30-5:30pm ONLY

There are no early/late pick ups on Saturday or Sunday. No exceptions.

Feeding Instructions:

AM: _____ cups/baggie/scoop

My pet needs a slow feeder:

YES / NO

Lunch: _____ cups/baggie/scoop

If you have more than one pet; do
your pets need to be separated to
eat:

YES / NO

PM: _____ cups/baggie/scoop

My pet may have facility provided food (\$10/day) **IF** they run out of their own:

YES / NO

Additional feeding information: _____

Other Information:

My pet can have blankets: **YES / NO**

My pet is friendly with other pets: **YES / NO**
(while your dog will be kept separate from other
dogs this will allow staff to ensure your dog is
comfortable going in and out of their room)

My pet is comfortable with new
people: **YES / NO**

My pet has a history of trying to
escape from enclosed areas: **YES / NO**

If yes, please explain: _____

Extras:

☐ Daycare - \$20/day

(dog must already be an approved daycare dog)

of days: _____

Spaw Day - pricing varies

(please confirm with staff for availability & pricing)

☐ going home bath & nail trim

☐ anal gland expression

☐ nail trim only

*For full grooming services, please ask for the
groomer; as she will need to verify availability
and pricing*

Health & Medications:

My pet requires: (circle all that apply) medication | supplements | probiotics | oils | other

All medications must be in the original bottle from the veterinarian or purchased container. We cannot accept medications, supplements, etc. that have been separated from the original bottle per state law. All medications, supplements, etc. must have a medication form filled out by the owner with proper dosage instructions. There is a \$5/day medication administration charge.

Pre-Existing Health Concerns:

- | | | | |
|-------------------------------|-------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> Heart | <input type="radio"/> Joints | <input type="radio"/> Vision | <input type="radio"/> Past Surgeries |
| <input type="radio"/> Hearing | <input type="radio"/> Anxiety | <input type="radio"/> Allergies/Skin | <input type="radio"/> Other |

If yes to any of the above, please explain further to allow staff to better care for your pet (this includes any lumps and bumps your pet may have):

Preferred Method of Contact:

- | | |
|--|--|
| <input type="radio"/> Phone: best # _____ | <input type="radio"/> Email: best email _____ |
| <input type="radio"/> Text: best # _____ | <input type="radio"/> RunLoyal Message |

Emergency Medical Care Approval:

If in our judgement, your pet(s) require immediate medical care while staying with us, and we are unable to reach you or your emergency contact, please note that we will seek medical attention / medication(s) for your pet. In this case, your pet(s) will be taken to New Hope Veterinary Hospital at your expense.

By signing, you agree that in the event that emergency care is required for your pet, you are solely responsible for the payment of all medical bills and you release TRW, its owners, management, and employees of and from any and all responsibility for or claims, damages, debts arising out of or related to such medical care, including but not limited to choice of veterinarian/animal hospital and transportation to/from that facility. You also acknowledge that TRW is not required to give any medical aid.

Owner's Signature: _____

Date: _____

Emergency Contact: _____

Phone Number: _____