



# Tails R Waggin' Day Spa & Resort

3435 S New. Hope Rd, Gastonia, NC 28056

(704) 824-3511

[staff@trwdayspa.com](mailto:staff@trwdayspa.com)

*Boarding Requirements: Must be at least 4 months of age and up to date on the following – Bordetella, Distemper/Parvo, Rabies and flea/tick and heartworm prevention. For puppies, they MUST have completed their puppy series vaccines – no exceptions. All cats must be current and up to date on the following – FVRCP and Rabies.*

**ARRIVAL DATE:** \_\_\_\_\_

**DEPARTURE DATE:** \_\_\_\_\_

### PAMPERED PET EXTRAS:

- One-On-One Playtime (*personalized play time with your fur-baby*)  
\$15 per day # of days: \_\_\_\_\_
- Daycare (*pending your dog has passed or will pass a daycare temperament evaluation*)  
\$17 per day # of days: \_\_\_\_\_
- Kuranda Cot Upgrade (*please check with staff for availability – select locations only, not available for dog condos or mischievous suites*) \$15 for length of stay
- S-paw Grooming Appointment (*you MUST confirm with staff prior to checking this box to confirm availability and type of service(s) requested!*)

### MEDICATIONS:

My pet requires medications during their stay

Y

N

*If yes, medications must be in original containers and a medication form must be filled out per state law*

### FEEDING INSTRUCTIONS:

Kennel Food:

Y

N

Own Food:

Y

N

My pet eats this much and this often: \_\_\_\_\_ AM \_\_\_\_\_ Lunch \_\_\_\_\_ PM

### NEW / ADDITIONAL HEALTH CONCERNS:

Heart

Vision

Hearing

Skin

Hip / Elbow / Knee

Surgeries

If yes, please explain to better care for your pet during their stay: \_\_\_\_\_

*In the event of a noticeable medical situation of your pet is identified and you or your authorized emergency contact on file cannot be contacted, veterinary medical service will be provided at the owner's expense, at our preferred veterinary hospital, TotalBond Veterinary Hospital at Forestbrook, unless otherwise noted. In addition to the veterinary bill, may also incur fees for transportation, emergency after hours care, etc.*

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Number: \_\_\_\_\_