



# 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.*

**Date of Check In:** \_\_\_\_\_

**Date of Check Out:** \_\_\_\_\_

Owners Name: \_\_\_\_\_

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

**Emergency Contact Information:**

Name: \_\_\_\_\_

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

**Pet Information:**

Name: \_\_\_\_\_

**Health & Wellness – (please note, answering yes does not eliminate your dog from being boarded; the answers will only help staff understand the needs of your pet while in our care.)**

Current flea/tick prevention: \_\_\_\_\_

Last Given: \_\_\_\_\_

Current heartworm prevention: \_\_\_\_\_

Last Given: \_\_\_\_\_

Is your pet allergic to anything (includes food, seasonal, grooming products):  Y  N

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

In the past 3 months has your pet had (please check all that apply):

- Ear Infections       Eye Infections       Gastritis/Bloating       Heartworms
- Fleas/Ticks       Tapeworms       Canine Cough       Heatstroke       Seizures

**Additional Health Concerns?**

- Heart       Vision       Hearing       Skin       Hip / Elbow / Knee       Surgeries

To better care for your pet, please describe if checked: \_\_\_\_\_

Is your pet being treated for any illnesses or injuries?  Y  N

If yes, please describe: \_\_\_\_\_

**EMERGENCY MEDICAL CARE**

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 TotalBond Veterinary Hospital at Forestbrook 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 owner, 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 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.

Signature of Owner: \_\_\_\_\_

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