



**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: \_\_\_\_\_

*Boarding Requirements: All dogs must be at least 4 month of age and up to date on the following vaccines: Bordetella, Distemper/Parvo (all puppies must complete the entire series), and Rabies. All cats must be at least 3 months of age and up to date on the following vaccines: Rabies and FVRCP. In addition, please make sure all pets are maintained on a flea/tick and heartworm preventative.*

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

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

**Pampered Pet Extras:**

- One-on-One Playtime (personalized play time with your fur-baby) - \$15/per day # of days: \_\_\_\_\_
- Daycare (dog must already be an approved daycare dog) - \$17/per day # of days: \_\_\_\_\_
- S-Paw Services (must confirm with staff for availability) – price varies

Circle:                      Bath                      Nail Trim                      Anal Gland Expression

*For grooming services please ask for the groomer, as she will need to verify availability and prices.*

**Feeding Instructions:**

My pet will be eating kennel food:      YES      NO

**AM:** \_\_\_\_\_ cups/bag/scoop      **Lunch:** \_\_\_\_\_ cups/bag/scoop      **PM:** \_\_\_\_\_ cups/bag/scoop

My pet may have kennel food (\$6/per day) IF they run out of their own food:      YES      NO

My pet needs a slow feeder for meals:      YES      NO

If you have more than one pet; do your pets need to be separated to feed:      YES      NO

Other information regarding feeding: \_\_\_\_\_

**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

Please explain: \_\_\_\_\_

**Medications, Supplements, Etc.:**

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

***All medications but 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 will out by the owner with proper dosage instructions. There is a \$5/per day medication administration charge.***

**Any Additional Health Concerns:**

- |   |   |
|---|---|
| <input type="checkbox"/> Heart                            | <input type="checkbox"/> Vision         |
| <input type="checkbox"/> Hearing                          | <input type="checkbox"/> Skin           |
| <input type="checkbox"/> Joints (hips, elbow, knee, etc.) | <input type="checkbox"/> Allergies      |
| <input type="checkbox"/> Anxiety                          | <input type="checkbox"/> Past Surgeries |
| <input type="checkbox"/> Other: _____                     |   |

If yes to any of the above, please explain further to allow staff to better care for your pet during their stay:

\_\_\_\_\_  
\_\_\_\_\_

**Preferred Method of Contact:**

- |  |  |
|--|--|
| <input type="checkbox"/> Phone: best # _____ | <input type="checkbox"/> Email: best email _____ |
| <input type="checkbox"/> Text: best # _____  | <input type="checkbox"/> Run Loyal Message       |

**Emergency Medical Care Approval:**

*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, New Hope Veterinary Hospital, **unless otherwise noted**. In addition to the veterinary bill, may also incur fees for transportation, emergency after hours care, etc.*

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_