



GETTING TO KNOW YOUR CAT

Cats Name _____

Does your Cat have Front Claws YES NO

Has your Cat been in a boarding setting before YES NO Was it a positive experience _____

Is your Cat Litter Box trained YES NO

Is your Cat allowed to have treats or wet food _____

Does your Cat prefer Male or Female HUMANS _____

Brand Name and Food Type _____

How much and How often do you feed your Cat? _____

Does your Cat have any food Allergies? NO YES [explain] _____

Weight Loss

Special Diet

Grain Free

Wet Food

Furr ball reduction

If your Cat runs out of their food is ok to give them our House Food

[Nutro wholesome Salmon & Brown Ric, cost is \$4 per day? YES NO

Is your Cat on medication: NO YES [explain] Medication Name _____ Dosage _____

Reason for Medication _____ How do you give your cat the
meds _____

Is your Cat Blind or DEAF? _____

Has your Cat visited the vet in the last 6 months, for anything other than healthy checkup or vaccines?

Is your Cat an ESCAPE ARTIST _____

Does your Cat have a fear of storms, Thunder or Loud Noises? NO YES [explain] _____

Does your Cat have current injuries/health concerns that require special attention or monitoring _____

Any other information about your Cat that would be helpful with his/her

care _____



**Canyon Pet Resort, LLC
Dba Wags and Whiskers Pet Resort**

1802 Kristy Lane Suite 300
Flagstaff, AZ 86001
(928) 214-9324

CONSENT FOR VETERINARY MEDICAL SERVICES

In the event that your pet(s) becomes ill during his/her stay at Wags and Whiskers, This forms authorizes the Veterinarian to provide care for the pet(s)

Pet Owners Emergency# _____

2nd Emergency Contact# _____

In the event neither contacts can be reached, Pet Owner authorizes Vet to proceed with the medical care as recommended by a certified veterinarian.

If my pet requires medical attention during his/her stay, I understand that I will be responsible for any and all Veterinary charges incurred for the care of my pet(s) at the time of their release.

Signature of
Pet(s) owner: _____ Date: _____

Pets Name _____

Name of Veterinarian Office: _____

Phone Number: _____



Wags and Whiskers Pet Resort FELINE BOARDING

Owner(s) Name (Printed): _____ E-mail _____

Owner Address: _____ City _____ State _____ Zip _____

Main Contact Phone: Cell _____ Work _____ Other _____

Emergency Contact Name: _____ Emergency Contact Phone: (H) _____ (C) _____

Pet's Name: _____ Breed: _____ Age _____ Color _____ M/F _____ Spay/Neuter _____

Pet's Name: _____ Breed: _____ Age _____ Color _____ M/F _____ Spay/Neuter _____

***This is a Contract between Canyon Pet Resort, LLC (dba WAGS AND WHISKERS PET RESORT)
And the undersigned pet owner.***

Please initial each of the following statements:

____ 1. Owner agrees that their pet is current on the following vaccinations at least 48 hours prior to boarding their pet with Canyon Pet Resort, LLC: Feline requirements; Rabies, FVRCP, Feline leukemia. **NO HOME SELF ADMINISTERED VACCINES WILL BE ACCEPTED.**

____ 2. Owner agrees to pay the boarding rate in effect on the date pet is checked in as posted in office and/or on website. Owner also agrees to pay for EXTRA services such as administering of medications and/or meal plans at the posted rates. Boarding pets that are Checked out **Before 12:00 noon** on any day will not be charged for boarding that day, however, Pets Checked out **AFTER 12 NOON will be given a Late Check out rate of \$18 (not the full \$21) plus their extra services.**

____ 3. Reservations for Holidays or stays for more than 30 days will require a non-refundable deposit. If pet does not stay **through the day of the Holiday the deposit will be forfeited.**

____ 4. Customers **will be assessed a \$25 fee for any payment that is returned by the bank for insufficient funds,** in addition to any other fees accrued to collect monies due.

____ 5. If your pet becomes ill or if the state of the animal's health otherwise requires professional attention, Wags and Whiskers Pet Resort, in its sole discretion, may engage the services of a veterinarian, with cost assumed by owner.

____ 6. Owner agrees to pay all costs for veterinary services deemed appropriate for your Pet during the time it is in our boarding facility. Wags and Whiskers shall attempt to contact owner before incurring costs of veterinary services that may be required unless it is an emergency. If your Pet injures another pet or staff member **YOU- the owner, are responsible** for payment of any/all fees for veterinary care of injured pet or medical care of our Staff.

____ 7. Due to the social nature of our boarding facility, there are inherent risks. These risks include, but are not limited to: transfer of contagious illnesses such as respiratory cough, eye conjunctivitis and/or respiratory infection. Injuries may include broken nails, sore paws,. These injuries while they are benign and usually do not require treatment, in some cases may require veterinary care and costs for this treatment would be the responsibility of the owner. Feline respiratory cough or diarrhea due to a change in diet or stress is considered a possible **risk of boarding that the owner assumes.**

____ 10. Owner agrees to be solely responsible for all acts of behavior of their pet while he/she is in the care of our boarding facility Owner is responsible for payment for any repairs to our facility required as a result of damage caused by their pet during their stay.

____11. If your pet requires medication you the owner hereby grant the staff of Wags and Whiskers Pet Resort permission to administer medication as prescribed by vet. The owner acknowledges that our staff are not Vet Techs and do not have certified training in handling/administering medication. All Medication must be provided by pet owner and properly labeled in original prescription bottle.

____12. Staff at Wags and Whiskers Pet Resort reserve the right to immediately change your pets type of boarding if we believe it is necessary to protect the health or well-being of your pet, other cats, or a staff member.

____13. Wags and Whiskers Pet Resort is not responsible for any bedding, toys or other such items damaged or destroyed by pet while staying at our facility or any items left behind after 14 days. Owners who leave dog/cat beds and or blankets, toys, dishes or other items are doing so at their **own risk**.

____14. Owner accepts all inherent risks stated previously and agrees not to hold Wags and Whiskers Pet Resort, or its staff liable for any loss, expense or damage. Wags and Whiskers Pet Resort and our staff are not liable or responsible for any circumstances beyond our reasonable control.

____15. Pets left for 72 hours **after their scheduled departure**, **without contact from the Owner** will be considered to be abandoned. If Wags and Whiskers Pet Resort cannot make contact with owner after reasonable attempts by phone or email, the pet(s) will be relocated to the High County Humane Society. **THE OWNER WILL REMAIN RESPONSIBLE FOR PAYMENT TO CANYON PET RESORT, LLC FOR THE PET(S) STAY, as well as, any fees that may occur at the shelter.**

____16. We often record video and take pictures of the our boarding pets while they are here. We do post the videos and pictures on our website, You Tube, Facebook, and on occasion in the local newspapers and in our marketing materials. We would like to ask your permission to be able to publish any photos or video that may include your pet.

By signing this Contract and leaving the pet with our boarding facility, owner certifies to the accuracy of all information given about pet(s) and agrees to all statements.

Pet Owner _____
Signature Date

*Steve & Karen Butler
Owners 2019*

