

Thank you for choosing Paws and Claws Pet Resort as your pet's home-away-from-home! Please take a moment to provide the following information in order for us to make your and your pet's experience more enjoyable.

Owner's Name:	ner's Name: Phone #						
Mailing Address:							
Date Arriving:		eparting:					
Pet's Name:		Breed	l:	Color:			
Pet's Age:	Sex:	Spayed or Neut	ered?				
		Feeding Inform	ation				
What kind of food?	(In-house specialty	is Science Diet Sens	tive Stomach F	ormula)			
How much?	per day <u>.</u>	or per feeding (circle	one)				
		Medication Infor	mation				
Name of Medication		Dosage		How often?			
		Special Instruc	tions				
Medical / Be	ehavioral information	on or past boarding	history (exam _l	ole: Vomits when nervous)			
		Additional Ser	vices				
Playtime (\$7	per day; additional	sessions, \$5 each)					
Nature Walk	(\$7 per day; additio	nal walks, \$5 each)					
TLC – Cats	(\$6 per day; addition	al sessions, \$3 each)					
Nail Trim (\$*	12) ***If available***						
Exit Bath (\$	based on size and c	oat condition) ***If av	ailable***				
Stuffed Kong	g (\$3 per day)	Peanut Butter or	Cheese	owner provided stuffing			
FeliwaySpra	y(\$5 per day) – felin	e calming pheromone	, on cloth in co	ndo			
Adaptil Spra	y and bandana (\$5 p	oer day) – canine caln	ning pheromone	е			
Zylkene (\$5-	·10 per day dependi	ng on size) – all natur	al oral calming	agent for dogs and cats			

Vaccinations

Proof of vaccination mus	t be provided before/upon firs	st check-in. If your pet's	s vaccinations are r	not current, we
may be able to get them	up-to-date during their stay!	*MANDATORY for bo	arding at this faci	lity)
Dog:				
Rabies*K	ennel Cough (Bordetella)*	DHPP*/DHLPP*	Influenza*	Rattlesnake
Cat:				
	Rabies*FEVRO	CP/Chlamydia*L	eukemia	
	Other Veter	inary Services		
Complete Physica	I Exam (\$49 with vaccinations	s; \$69 without vaccinati	ons)**	
Dental (teeth clear	ning; \$ varies)**			
Spay/Neuter (\$ va	ries according to size)**			
Fecal Exam (\$27.5	50)			
Heartworm Test (\$	S35)Dispense Heartwo	rm/Flea Preventative (S	S varies by size)	
**Requ	uires pet to be transported to	and from Friendship Ve	eterinary Center.	
I hereby authorize the ve	eterinarian to examine, prescr	ibe for, and/or treat the	above described p	et. I assume
responsibility for all char	ges incurred for the care of th	e animal. I also unders	stand that all profes	sional fees are
due at the time the servi	ces are rendered.			
Signature:		Date: _		

Thanks, again, for choosing

