

Paws at Play



Of Wake Forest

Feline Guest Profile

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Wake Forest, NC 27587

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reception.pawsatplay@gmail.com

www.pawsatplay.com

Owner's Information

Owner's Name: _____ Co-owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Emergency Contact:

(Please note: We may release your pet to this person in the event of an emergency if you are unreachable)

Primary Contact's Name: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Secondary Contact's Name: _____ Relationship: _____

Cell: _____ Home: _____ Work: _____

Pet's Information

General:

Pet's Name: _____ Breed: _____

Color: _____ Sex: _____ Spayed/Neutered: Yes No

Date of Birth: _____ Microchip: _____

Where did you acquire your pet: _____ Date Acquired: _____

If adopted/rescued, are you aware of your pet's history? Yes No _____

Health:

Veterinary Clinic: _____

Phone: _____ Flea/Tick Prevention: _____

Does your pet have, or have they ever had, any of the following medical conditions? If yes, please explain if any special care or activity restrictions need to be in place for your pets safety & well-being:

Arthritis: Yes No _____

Blind: Yes No _____

Deaf: Yes No _____

Diabetis: Yes No _____

Ear infection: Yes No _____

Epilepsy: Yes No _____

Food Allergies: Yes No _____

Hair Balls: Yes No _____

Heart Condition: Yes No _____

High Blood Pressure: Yes No _____

Hot Spots: Yes No _____

Intestinal Parasites: Yes No _____

Seasonal Allergies: Yes No _____

Spinal Cord Injury: Yes No _____

Stress Colitis: Yes No _____

Hyperthyroidism: Yes No _____

Upper Respiratory Infection: Yes No _____

Urinary Tract Infection: Yes No _____

Other Condition/Surgery: Yes No _____

Daily Routine:

Cat Food Brand/Type: _____

Amount Per Feeding: _____ Times Fed Per Day: _____

Approximate times per day pet urinates: _____ Defecates: _____

Are there any other pets in your household: Yes No If yes, please list type, age & sex of each pet:

How does your pet behave around other household animals: _____

What type of toys does your pet enjoy: _____

Policies & Requirements

****PLEASE READ CAREFULLY & INITIAL NEXT TO EACH POLICY TO SHOW THAT YOU'VE READ, UNDERSTAND & AGREE TO ALL INFORMATION****

Hours of Operation: (Initial _____)

(Please note: These hours are subject to change during holidays and/or due to inclement weather)

Monday - Friday: 7:00 AM - 7:00 PM

Saturday: 8:00 AM - 4:00 PM

Sunday: 4:00 PM - 6:00 PM *(Boarding pick up & drop off only)*

Food: (Initial _____)

We highly recommend that you bring your pet's own food in order to avoid a sudden change in diet which could result in GI upset such as vomiting and/or diarrhea. If needed, you are welcome to use our in house diet for an additional charge of **\$1.00 per meal for dry or \$2.50 per can of wet**. We supply Purina Cat Chow Gentle dry, a gastrointestinal diet specially formulated to ease the digestive system when an abrupt diet change occurs. Please note that some pets may still experience GI upset depending on their level of sensitivity. We also supply Friskies canned food.

All food and treats must be submitted in sealed containers or ziploc bags as required by the NC Department of Agriculture. Any food that is not packaged correctly will need to be repackaged by our staff for an additional **\$10.00 repackaging fee**.

We provide stainless steel bowls; however, if your pet requires a special bowl (*slow feeder, plastic, etc*) then please provide one at drop off. Finally, if your pet has any food sensitivities, allergies or digestive issues, please alert our receptionists so that the proper precautions may be taken.

Medications: (Initial _____)

Anything in addition to your pets normal food and/or treats, such as glucosamine, fish oil, probiotic, insulin, etc., are considered medication and will incur an **administration charge of \$1.50** each time it is given. All medication must be packaged and labeled with their name and dosage in separate ziploc bags or in their original container. Please do NOT mix medication in with your pets food. Any medication that is not packaged correctly will need to be repackaged by our staff for an additional **\$10.00 repackaging fee**.

Personal Belongings: (Initial _____)

For your convenience, we supply stainless steel bowls, blankets and towels for no additional charge, however; you are welcome to bring your own bedding and/or toys if you'd like. As an added courtesy, all washable items will be laundered before your pet departs. Please let our receptionists know if you do NOT want your pet's belongings to be washed. All belongings are inventoried upon arrival to prevent items becoming lost. **Paws at Play will not be responsible for any lost or damaged items if you choose to leave them with your pet.**

Payment: (Initial _____)

We accept Visa, Mastercard, Discover, American Express, cash and checks (*driver's license required*) as payment. Your balance is to be paid in full at the time of check out. **We do not carry open accounts.** If you plan to have a friend or family member pick up your pet, we will require payment in advance.

Spay/Neuter: (Initial _____)

We require that all pets are spayed or neutered by 6 months of age.

Required Vaccinations: (Initial _____)

(Must be performed by a licensed veterinarian)

1. Rabies
 - a. Adult: 1 or 3 year vaccine depending on age & veterinary discretion
 - b. Kitten: Required once your veterinarian indicates your pet is old enough to receive
2. FVRCP (*Feline Distemper*)
 - a. Adult: 1 or 3 year vaccine depending on age & veterinary discretion
 - b. Kitten: Must have had at least 2 boosters in their series

Required Preventatives: (Initial _____)

(Must have proof of veterinarian approved purchase)

1. Flea & Tick: Current on a monthly preventative

All incoming pets are screened for external parasites such as fleas and ticks. We continue to monitor closely for both external and internal parasites during your pet's stay. All of our enclosures and play yards are thoroughly cleaned and sanitized daily in order to prevent infestation. Paws at Play strives to maintain a clean, healthy and parasites free environment. Unfortunately, due to the nature of our facility, we cannot completely eliminate the risk of parasites being transferred. It is extremely important that your pet be kept current on all preventatives in order to ensure that they are protected as best as possible from the most common parasites.

I have read, understand and agree to all above policies, information and pricing. I understand that submitting a signed guest profile is a binding agreement.

Client Signature _____ Date: _____