

Paw Spa & Retreat

1152 Shepherdstown Rd

Martinsburg, WV 25404

(304) 263-7829

(304) 263-6500 fax

DAYCARE INFORMATION SHEET

Check In/Check Out

Morning Hours 8:00am - 10:00am

Evening Hours 3:00pm - 5:00pm

Sunday Hours 2:00pm - 5:00pm

OWNER'S NAME _____ **PET'S NAME(S)** _____

DROP OFF TIME _____ **PICK UP TIME** _____

EMERGENCY # _____ **EMERGENCY #** _____

*An emergency number should be left at time of drop off. If at any time your pet requires emergency or immediate veterinary care, we will first attempt to contact you (or your designated contact); if contact cannot be made treatment will be administered at our discretion and at the owner's expense.

*Although we provide a clean, comfortable environment, please be aware that it is different from your home. Temperature and humidity change, barking, excitement, etc... can cause such problems as sore throat, tonsillitis, diarrhea or urinary tract infections. We seek to prevent such problems but in the event that there is an occurrence you will be charged appropriate fees for all treatment and medications needed for reasons that are not directly under our control.

VACCINATIONS

- * All pets need to be current on vaccinations prior to being dropped off for any daycare services.
- * If vaccines are not up to date your reservation will be denied.
- * If the vaccines were **not** done at our hospital, you must bring proof with you.

Must Have

DOGS: Distemper, Rabies, and Bordetella

CATS: Distemper and Rabies

All pets must be free from external parasites (fleas or ticks) when admitted for daycare services or your pet will be treated at your expense.

IF YOUR PET HAS MEDICATIONS List Below:

Medication Name	Dosage Amount	AM , PM or Both

FEEDINGS

*We feed Hills Science Diet in our facility. If your pet is a finicky eater please let us know and we will do our best to accommodate. Please make sure your food container is marked with the pet's name.

FOOD (circle one): BROUGHT OWN USE FACILITY

DO YOU FEED (check one): AM _____ PM _____ BOTH _____ FREE FEED _____

AMOUNT GIVEN: _____

BELONGINGS (beds, blankets, toys) _____

**If you would like any medical services performed on your pet during his/her daycare services please make an additional appointment ahead of time with the hospital that will coincide with your daycare services

**If you would like any grooming services performed on your pet during his/her daycare services please make an additional appointment ahead of time that will coincide with your daycare services.

** If extra services are not pre-scheduled for your time of stay we cannot guarantee that any services will be performed.

DAYCARE and PLAYTIME PACKAGES

*Please see our list of daycare and playtime packages and write which one you chose below (if desirable):

SIGNATURE: _____ **Date** _____