Paw Spa & Retreat 1152 Shepherdstown Rd Martinsburg, WV 25404 (304) 263-7829 PawSpa@svhwv.com

OMNIEDIC MARKE

BOARDING INFORMATION SHEET

Check In/Check Out Monday-Saturday 8AM-5PM Sunday – CLOSED

DEFECALATE (C)

OWNER'S NAME	PET'S NAME (S)		
DROP-OFF DATE	PICK-UP DATE		
EMERGENCY #	EMERGENCY #		
	zone, or out of the country, please list the appropriate times contact information (Email, Facebook Messenger, etc.)		

SUNDAY POLICY

Our reception area will be **closed to the public**. All pick-ups and drop-offs must be **between the hours of 2PM – 5PM ONLY**. A pre-payment will be taken prior to pick-up.

PLEASE READ

- *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 problems such as: sore throat, tonsillitis, diarrhea or urinary tract infections. We seek to prevent such problems. In the event that there is an occurrence, you will be charged appropriate fees for all treatment and medications necessary.

VACCINATIONS:

- * All pets must be current on vaccinations at least **ONE WEEK** prior to being dropped off.
- * 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.

DOGS: Distemper (DHPP/DHLP), Rabies, and Bordetella **CATS:** Distemper (FVR-CP/FVR-CP W/ FELV) and Rabies

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

Please list all i	pet medications	and sun	nlements	helow.
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	Medication Name		Dosage Aı	mount	AM, PM or Bo	oth
FACIL					astroenteric Chicken F mach & Skin Chicken	
FOOD	(CIRCLE ONE):	BROU	JGHT OWN	USE FAC	ILITY	
SELEC	CT FEEDING TIN	ME(S): AM	I PM	NOON	FREE FEED	_
AMOU	JNT GIVEN:					
BELO	NGINGS (WE SU	GGEST NC	BEDS, BLA	NKETS, OR BO	OWLS PLEASEWE	E PROVIDE THESE
	•		·	·	r loss of belongings)	
additio		ead of time	with the hospi		ring his/her boarding s neide with your board	
_	_	_	_	_	on your pet during his	
** If experience of the second experience of t		ot pre-sche	duled for you	r time of stay w	e cannot guarantee tha	at any services will be
	s are complimentar	•	Ū		be given the day prio	r to pick up.
The fol	lowing services are	ovejlekle f	on on addition	al ahamaa		Cat:
Dog:	C			C	2 Ear Cleaning \$10	Nail Trim \$19 De-shed \$22 Ear Cleaning \$10
_	g your pet's stay if publications after			_	_	publish them on web-
SIGNA	ATURE:				Date	