



NEW CLIENT REGISTRATION

Owner's Name: _____ Significant Other: _____
 Mr. Mrs. Ms. Mr. Mrs. Ms.

Address: _____
Street City State ZIP

Phone: Home _____ Cell _____
 Work _____ Alt Cell _____

Email: _____

Alternate / Emergency Contact Name: _____

Alternate / Emergency Contact Phone: _____

Pet's name(s): _____

Name of Veterinarian Facility: _____

Name of Veterinarian: _____ Phone number: _____
(if not local)

I authorize our veterinarian to release our pet(s) medical records to Walkers Pet HoTail _____
(Initials)

If your pet hasn't eaten after 24 hours, may we mix in yummys to encourage eating? Yes No
(broth, cheese, etc.)

How did you find out about our facility?

Client Referral Sign Yellow Pages Internet Vet Referral Other: _____

Who may we thank for referring you?

Name Address City State ZIP

(Over) 

4603 William Penn Highway
Murrysville, PA 15668
Pet's name(s) _____



Phone 724-327-PAWS (7297)
Fax 724-327-0582

Owner's Name: _____

WAIVER

MEDICAL HISTORY

Walkers Pet HoTail will attempt to contact you at the phone number(s) you provide and keep you informed of the situation, treatments and costs.

I authorize Walkers Pet HoTail to make medical decisions for my pet(s) if I am unreachable by phone should they require veterinary/medical care during their stay.

I agree that all veterinary/medical services and products provided by Walkers Pet HoTail will be paid in full on the day of checkout. The costs and fees associated with these products and services may include, but are not limited to, the cost of medications, vaccinations, medical administration, transportation, as well as isolation and fecal collection fees.

I authorize Walkers Pet HoTail to transport our pet(s) to another veterinary facility if it is needed.

I agree to pay other veterinary facilities directly for any bills associated with my pet(s).

Pennsylvania law requires that any costs for medical treatment resulting from an attacking or biting dog must be paid fully by said dog's owner. Owners accept responsibility for any harm (personal injury and/or property damage) caused by their dog to other dogs, employees or other persons who may be present at Walkers Pet HoTail and agree to hold blameless Walkers and any person working for Walkers.

Pets must have all vaccinations and tests prior to boarding and

ALL vet records must be received at least one (1) week prior to reservation start date.

Requirements:

- Rabies and Distemper Series (DHLPP) vaccines– must be current
- Negative Results from the most recent fecal test performed within the past year
- Bordetella vaccine given within 6 months prior to the stay

Strongly Recommended:

- Canine Influenza Virus (CIV) vaccine – May be required in the future
- Preventative medications: Worming (e.g. Heartgard) Flea & tick protection (e.g. Frontline or Advantix)

Any pets not current on the Rabies and Distemper vaccines will be refused entry. If the status of Bordetella vaccine or the fecal test is in question, Walkers is authorized to vaccinate our pet(s) and/or collect and test a fecal sample and to keep our pet in isolation until the requirements are met. We, the pet(s) owners, are responsible for all costs and fees associated with vaccinations, collections, and isolation.

A flea treatment is suggested prior to boarding. Guests found to have fleas will automatically be treated (including, but not limited to isolation, flea bath and flea preventative) at the owners' expense.

Minimum periods to ensure effectiveness of shots are as follows:

- Rabies & Distemper:** 10 - 14 days prior to reservation
- Bordetella (Intranasal or Oral):** 72 hours prior to reservation
- Bordetella Injection:** 2 weeks prior to reservation
(4 weeks prior to reservation if never vaccinated against Bordetella due to the required 2 shot series)

Signature : _____

Has your pet experienced any of the following: *(please check all that apply)*

	<u>Never</u>	<u>Over 1 Yr Ago</u>	<u>Less Than 1 Yr Ago</u>	<u>Currently Experiences</u>
Allergies <i>(Indicate type)</i>				
<input type="checkbox"/> Bee Stings <input type="checkbox"/> Contact <input type="checkbox"/> Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other				
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cysts / Lumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear infection / Ear mites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive panting (hyperventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fractures or strains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gum disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart conditions (murmur, CHF, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heatstroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infected wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflamed eye or eye discharge / Scratched eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal parasites (round, hook or tapeworm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacerated pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Due to the potential for transmission of contagious conditions please inform us if your pet has been involved with any of the following within the past 30 days. Please answer honestly. Our goal is to ensure the safety, comfort and well being of our guests and staff. *(Please check all that apply):*

- visited / participated in a dog show
- attended a training class
- visited a dog park
- been adopted from a shelter
- visited a lake, beach or woods
- visited a pet store

Has your pet ever snapped at or bitten people or other pets? Yes No

If yes, please briefly describe the circumstances: _____

Date: _____