4603 Wm. Penn Hwy, Murrysville, PA 15668
1751 Lincoln Hwy, N. Versailles, PA 15137

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

Walkers Pet HoTail® Pet Care Center

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 _____

Text For Confirmation Y/N Best Cell Number _____ Cell Provider _____

Email: _____

Alternate / Emergency Contact Name/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)

I authorize Walkers Pet HoTail to take my pet's photograph, use and publish it in print and electronically

_____
(Initials)

If your pet hasn't eaten after 24 hours, may we mix in extras 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

Pet' s name(s) _____

Owner's Name: _____

WAIVER

I authorize Walkers Pet HoTail to make medical decisions for my pet(s) should they require veterinary/medical care during their stay. I agree that all veterinary/medical services and products incurred by Walkers Pet HoTail will be reimbursed 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, administration of medicines, transportation to a different veterinarian facility, as well as isolation and fecal collection fees.) If necessary, I authorize Walkers Pet HoTail to transport our pet(s) to my regular vet if they are open or to another veterinary facility (e.g. AVETS). On behalf of myself, my executors and heirs I hold Walkers Pet HoTail harmless, and release and indemnify them against any claim for recognizing Walkers Pet HoTail's authority or for following my treatment instructions in good faith.

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 (*K9 Cough*) 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: _____

MEDICAL HISTORY

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

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

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: _____