

**LODGING/DAYCARE APPLICATION - CAT**

*Note: Please fill out a second Application, Rules & Regulations Agreement, Veterinary Form, and Medical Care Release Forms separately for any additional pets.*

Date \_\_\_\_\_

**Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ #1 Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ #2 Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_ Yes, please put me on the email list to receive Wright Pet Kennels' newsletter "Dog Tales".

**Pet Information**

Name \_\_\_\_\_ Breed \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Age \_\_\_\_\_ Pet's date of birth \_\_\_\_\_

Is your pet spayed or neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No Microchip ID# \_\_\_\_\_

List all medications your pet is currently taking. \_\_\_\_\_

Please provide detailed instructions on last page for administrating these medications.

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Veterinarian**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Pet Profile/General Information**

If adopted, do you have knowledge of your pet's history? If yes, describe.

\_\_\_\_\_

What brand of dog/cat food do you feed your pet? \_\_\_\_\_

Describe how your pet gets along with other animals in your household:

\_\_\_\_\_

List other animals in your household:

Species	Breed	Altered?	Age	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Health & Grooming

Do restrictions need to be placed on your pet's activities or movements because of joint or other pain? Describe.

Does your pet have a flea problem?  Yes  No

Does your pet have allergies?  Yes  No To what? \_\_\_\_\_

Does your pet like to be brushed?  Yes  No

How does your pet react to having his/her nails clipped? \_\_\_\_\_

Does your pet have any sensitive areas on his/her body? Describe. \_\_\_\_\_

Where are your pet's favorite petting and scratching spots? \_\_\_\_\_

### Cat Behavior

Is your cat fearful of dogs?  Yes  No

Is your cat de-clawed?  Front  Back  Both

Is your cat litter box trained?  Yes  No

Does your cat play with any toys?  Yes  No Describe. \_\_\_\_\_

Please list any other comments or information about your dog or cat that might be helpful.

*Don't forget to bring enough food for the duration of your dog or cat's stay, any favorite toys, bedding, and detailed medication instructions.*

***Thank you for choosing Wright Pet Kennels to care for your pet.***

**MEDICAL CARE RELEASE**

This form is required for all first time Wright Pet Kennels participants.

The welfare and safety of your pet(s) is/are of the utmost importance, if a medical emergency should arise while your pet is attending our lodging/daycare facility it is critical that we are able to provide medical treatment quickly. Wright Pet Kennels has made arrangements for emergency medical care with veterinarians at the following veterinary hospital.

Michigan State University Veterinary Medical Center  
736 Wilson Road  
East Lansing, Michigan 48824-1314  
517.353.5420

I agree to indemnify and hold harmless Wright Pet Kennels from any liability and responsibility for the financial cost of all medical treatment and/or the condition of my pet(s) resulting from such medical treatment.

In the event of a medical emergency, I agree to allow Wright Pet Kennels to seek medical care from the above veterinary hospital. I further agree that I am financially responsible for any medical treatment my pet(s) received as a result of a medical emergency while attending lodging/daycare at Wright Pet Kennels.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Pet's Name \_\_\_\_\_

**RULES & REGULATIONS AGREEMENT**

*This form is required for all first time Wright Pet Kennels participants.*

*We require all animals to comply with the rules and regulations to ensure the safety and health of all animals and staff.*

- 🐾 All dogs must be non-aggressive and not food or toy protective.
- 🐾 All dogs must be wearing a nylon or leather collar, no choke chains or prong collars allowed.
- 🐾 All pets must be spayed or neutered to attend Wright Pet Kennels.
- 🐾 All pets must have a complete and approved application on file.
- 🐾 All pets must have a signed Rules & Regulations Agreement, Medical Care Release Form, and Veterinary Form-Dog or -Cat on file.
- 🐾 All pets must have up-to-date vaccinations. Owners must submit written proof that their pets are current on the following vaccines: (American Veterinary Medical Association recommendations)
 

Dogs	Cats
Rabies (required by law)	Rabies (required by law)
Canine Distemper	Panleukopenia
Canine Hepatitis/Adenovirus	Rhinotracheitis
Parvovirus	Calicivirus
Bordetella	Feline Leukemia
Leptospirosis	
Influenza	
Heartworm Test	
- 🐾 All pets are very strongly suggested to be on a year round flea, tick, and heartworm preventative.
- 🐾 All pets must be in good health. Any pets that have been ill in the past 30 days will require a note from a veterinarian stating they are of good health to be admitted or readmitted.

~ Agreement ~

- 🐾 I understand that if my pet(s) are not properly vaccinated per the recommendations set forth by Wright Pet Kennels and the AVMA, I am solely responsible for any and all costs incurred from improper vaccinations of my pet(s).
- 🐾 I understand that I am solely responsible for any harm or destruction of property caused by my pet(s) attending Wright Pet Kennels.
- 🐾 I understand and agree that in admitting my pet(s), Wright Pet Kennels, has relied on my representation that my pet(s) is/are in good health and have not harmed or shown aggression or threatening behavior towards any persons or other animals.
- 🐾 I understand and agree that Wright Pet Kennels and their staff, will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind arising from my pet(s) attendance and participation at Wright Pet Kennels.
- 🐾 I further understand and agree that Wright Pet Kennels will not be held responsible for my pet(s) impregnating other attending animals if not spayed or neutered.
- 🐾 I further understand and agree that any problems that develop with my pet(s) will be treated as deemed best by staff of Wright Pet Kennels in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.

I certify that I have read and understand these rules and regulations set forth by Wright Pet Kennels. I agree to abide by the rules and regulations and accept all terms.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Pet's Name \_\_\_\_\_

**VETERINARY FORM – CAT**

**This form is required annually of Wright Pet Kennels' participants.**

Please have your veterinarian complete this form. The information contained is necessary for the health and safety of all participating animals including yours.

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

Clinic Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In my opinion, as a licensed veterinarian, the animal described below is of sufficient health to participate in the Wright Pet Kennels, lodging/daycare program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ years/months

Circle one:

Male - Female

Fertile - Spayed/Neutered

Clawed - De-clawed

Please fill in the date of last vaccination and indicate if shots are 1yr or 3yr for the following:

**Vaccinated:**

**Vaccination:**

**Next Due:**

_____	Rabies (required by law)*	_____
_____	Panleukopenia*	_____
_____	Rhinotracheitis*	_____
_____	Calicivirus*	_____
_____	Feline Leukemia*	_____

Flea, Tick and Heartworm Preventative \_\_\_\_\_

List all medications this pet is currently taking. \_\_\_\_\_

*If a Titer Test has been done on the pet named here in please provide the test results.*

**\*All Vaccinations are a requirement to participate in Wright Pet Kennels Lodging and Daycare Program.**

*Some of these vaccinations may or may not be included in 1 shot and may or may not be an annual or a 3 year dose; these are dependent on each individual veterinarian.*

*All vaccinations are a recommendation of the American Veterinary Medical Association.*