

Welcome to Wags Inn!!!!

“Your dog’s home away from home”
The kind of lodging your dog prefers!!

Keep informed thru our website

Make your reservations on line

www.wagsinn.com

Join us on Facebook

How to prepare for your dog’s evaluation:

The evaluation allows us to meet with your dogs before they stay at Wags Inn. We will introduce them to 1 or 2 dogs as well as some of our staff. We will discuss any special needs your dogs may have. We will observe their style of play. This time allows your dogs to become familiar with WagsInn. Our objective is that your dog and our staff are prepared for his first overnight stay at Wags Inn.

Your dog must be updated on the DHPP vaccination, (We strongly recommend the Lepto vaccine), Rabies, yearly Bordetella, monthly flea and tick treatment. In addition, we strongly recommend a Heartworm Preventative. Please bring a copy of your updated shot records. With every new update we need a copy.

At the proper age they must be spayed or neutered. Discuss with WagsInn...

Our evaluations are scheduled every 45mins. Please, call if you are lost or running late (1937-408-0621/ 1937-265-5178)

- ✓ Complete Customer Information and Pet Information Forms(download off our website www.wagsinn.com)
- ✓ Copy of shot records
- ✓ Bring your dog on a leash.
- ✓ Dress for the weather
- ✓ I can be reached at 937-265-5178 or 937-408-0621

We look forward to meeting you.

Thank you,

Lori

Wolcott

WAGS INN

NEW CUSTOMER INFORMATION

CUSTOMER INFORMATION: Date _____

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

E-Mail _____ Referral _____

Emerg. Contact _____ Phone _____
(other than yourselves)

How often do you require boarding? _____

Are you interested in adopting another dog? _____

Are you interested in daycare? _____

Are you interested in training? _____

PET INFORMATION:

Pet Name _____ Breed _____ Color _____

Sex _____ Birth date: Neutered/Spayed

VET INFORMATION:

Business Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Contact _____

Medical Concerns _____

FOR WAGSINN USE ONLY:

Info Entered Date Initials

Kennel Connection _____

Gmail _____

Constant Contact _____

**WAGS INN
DOG LODGING
937-265-5178**

Pet Information Disclosure

Please complete one per dog.

Owner:

Pet/s Name:

Length of time Owned:

Physical Description (BREED, COLOR, AGE):

Feeding Instructions:

**If you have 2 or more dogs do you feed together? Y / N
Any problems with feeding your dogs in same room? Describe:**

Dry	Brand: Amount:	Breakfast Dinner
Wet	Brand: Amount:	Breakfast Dinner

Name any foods or treats your dog is not allowed to have:

Medications & Vitamins:

Dosage:

Purpose for medication:

Naps and Bedtime:

Sleeping arrangements at home:

If 2 or more dogs, can they all sleep together in one room?

**At Wags Inn do you prefer your dog sleeping in the: suite/ comfy crate/ colossal crate/
houndstooth**

(Rates: depends on sleeping arrangements)

Your dog's temperament and personality traits

Your dog doesn't like:
(Circle what applies to your dog)

Baths

Other dogs

Strangers

Ears Touched

Loud Noises

Held by the collar

Sudden moves

People near Food

Sharing food dishes or water bowl

Has your dog ever: (Describe even mild situations)

Attacked or bit someone

Attacked another animal

Injured self/ escaped crate out of fear or boredom

Jumped over a fence, if so, how high was fence

Darts out open doors

Acts out with excessive barking when crated or left alone?

Eaten non-edible items? ie blankets, straw, rocks, sticks, toys

Our dogs are interacting with other dogs and getting exercise 3 to 6 hours a day. For us to work your dogs into our program without causing physical or mental stress describe the exercise they receive at home:

Has your dog ever been boarded? If so, please describe his experience.

What are your expectations from a dog lodging facility?

Comments and Special Restrictions:

WAGS INN DOG BOARDING

Client Contract

Owners name: _____ Dogs name: _____

Your dog will be with other dogs in a fenced in yard. Although every attempt is made to socialize the dogs, problems may occur. Wags Inn needs to be informed if your dog should be isolated from other dogs. *Please initial* _____

Your dog will be walking, running and playing with other dogs on 25 acres. Ten acres is fenced while the other 15 acres would only be used for leash walks. Advise WagsInn if there is a concern about your dog digging under a fence or jumping a fence. As the owner, you need to be aware your dog could have access to toys, sticks, rocks, grass, straw, blankets, etc. If you have any concerns notify WagsInn. *Please initial* _____

Although your dog/s are vaccinated for kennel cough there are many strands the vaccination does not cover and your dog may be exposed to such virus or any canine virus. *Please Initial* _____

Wags Inn, agrees to exercise all due and reasonable care of your dog. Should your pet be injured or ill Wags Inn will attempt to notify you. It will be at our discretion to determine the Vet or Animal Hospital your dog will be taken to. We shall have the right to administer medicine or give other advisable attention. **Any vet bill will be the responsibility of the owner.** *Please initial* _____

The boarding charge for your dog will be \$25.00 to \$45.00 per night per dog. (Depending on sleeping arrangements) **Pick up before 10am will be at no charge for that day. Pick-ups after 10am will be a full days charge.** *There are no early pick ups on Sunday.* Pickups and drop offs on **Sunday** are between 4pm and 5pm. Wags Inn is not open on holidays for your dogs to be dropped or picked up. Owner is responsible for providing food. A daily fee of \$4.00 will be added to your bill if Wags Inn provides the food. Payment is due on the day of pickup or at the time of delivery to your home. *Because of the high fees associated with credit cards, we prefer checks or cash, however for your convenience we happily accept Discover, Visa or Master Card.* *Please initial* _____

Wags Inn provides transportation to and from Wags Inn Monday through Friday. Lori Wolcott or agents of Wags Inn are not to be held responsible for any injury during transport. Our transportation fees depend on your location. *Please initial* _____

As owner of the pet specified above, the undersigned does acknowledge that there is a risk of confrontation between my dogs and other dogs residing at the Wolcott premises, and I do therefore wave, give up and discharge Lori Wolcott individually and doing business as Wags Inn, her agents and assigns from any claim of liability resulting from injury to my said pet, my pet running away theft, fire, illness or injury to persons. I do further agree to indemnify and hold harmless the said Lori Wolcott from and against any veterinary medical bill which might be reasonably incurred by Lori Wolcott, and her agents for the benefit of my said pet and do agree to pay the same. *Please initial* _____

Owners signature _____

Date _____

Emergency Medical Authorization

If the staff of Wags Inn believes your dog requires medical attention Wags Inn will promptly seek a vet. My staff or I will notify you immediately after we have the diagnosis. In case we cannot reach you, Wags Inn will notify your emergency contact. However, if we cannot reach anyone the decision of treatment will be at Wags Inn's discretion along with the advisement of the vet. As the owner, I give authorization to Lori Wolcott individually and doing business as Wags Inn, and her agents to decide in the best interest of our dog any medical treatment our dog should require. As the owner, I authorize the Veterinarian to perform any procedure or surgery necessary for the health and well being of my dog.

Any bill incurred is the responsibility of the owner.

Print name and dog's name _____

Signature and Date: _____

Personal cell phone: _____

Emergency Contact and cell phone: _____

Directions to WagsInn

Only 30-50 minutes from Dayton

3190 Cortsville Road

South Charleston, Ohio 45368

Near Clifton Mill and Yellow Springs

We provide transportation Monday through Friday

FROM DAYTON

35 EAST TO 675 NORTH

TAKE THE DAYTON YELLOW SPRINGS ROAD EXIT

TURN RIGHT ONTO DAYTON YELLOWSPRINGS RD.

DAYTON YELLOWSPRINGS DEAD ENDS INTO 68

TURN LEFT ON 68

MAKE AN IMMEDIATE RIGHT ON 343

PASS JOHN BRYAN STATE PARK ON RIGHT

343 DEAD ENDS INTO 72

MAKE A RIGHT ONTO 72

PASS CLIFTON MILL ON RIGHT

TURN LEFT ON SOUTH RIVER ROAD* *Clifton and South River are the same road (APPROX 2.5 MILES*

AT THE FORK, VEER RIGHT OFF OF SOUTH RIVER SOUTH RIVER TURNS INTO CORTSVILLE ROAD)

WE ARE ON THE LEFT IN A 2-STORY BRICK HOUSE

FROM SPRINGFIELD OR COLUMBUS

70 WEST TO THE CEDARVILLE EXIT (RT 72)

72 SOUTH

PASS CLIFTON Mill ON RIGHT

TURN LEFT ON SOUTH RIVER ROAD* *Clifton and South River are the same road (APPROX 2.5 MILES)*

AT THE FORK, VEER RIGHT OFF OF SOUTH RIVER SOUTH RIVER TURNS INTO CORTSVILLE ROAD

WE ARE ON THE LEFT IN A 2-STORY BRICK HOUSE

FROM BEAVERCREEK OR XENIA

TAKE 675 AS ON THE DIRECTIONS COMING FROM DAYTON OR

(FROM BEAVERCREEK) EAST ON DAYTON XENIA (TURNS INTO HILLTOP) DEADENDS INTO 235 TURN RIGHT ON 235

TURN LEFT ON 68..... (FROM XENIA) OUTSIDE OF XENIA STAY NORTH ON 68 (PASS KNICKERBOCKER POOLS)

IMMEDIATE RIGHT ON CLIFTON ROAD

7-8 MILES CROSS OVER RT 72

ROAD TURNS INTO SOUTH RIVER (APPROX 2.5MILES)

AT THE FORK VEER RIGHT OFF OF SOUTH RIVER BECOMES CORTSVILLE (NO ROAD SIGN)

WE ARE ON LEFT IN A 2-STORY BRICK HOME