



Wahiawa Pet Hospital

319 N. Cane St. Unit B Wahiawa, HI 96786 • (808)621-7000 • www.wahiawapethospital.com

Boarding Admissions Form

Client's Name: _____

Phone Number (1st): _____

E-Mail: _____

Drop off date: _____

Pet's Name: _____

Phone Number (2nd): _____

Where are you traveling to? _____

Pick up date: _____

Emergency Contact (who can make medical decisions if you are not available):

Name: _____

Phone Number: _____

* **DROP OFF** times are between **9 am – 6:30 pm Monday – Fridays** and **8am – 2:30 pm on Saturdays**. **PICK UP** times are between **7 am – 6:30 pm Monday – Fridays** and **7am – 2:30 pm on Saturdays**. On Sundays & all major holidays there will be no drop off or pick-up available. If you neglect to pick up your pet within 5 days of the pick-up date above, Wahiawa Pet Hospital may assume your pet is abandoned and is authorized to relinquish your pet as they deem necessary.

* **BATHING POLICY** – If your dog is boarding for 5 days or longer, he/she will receive a complimentary bath (if cooperative).

* **EXTERNAL PARASITES** – For the safety of our patients and staff, if fleas/ticks are found, your pet will be treated upon arrival and charges will be applied.

* **FOOD POLICY** – If an inadequate amount of food is provided & your pet runs out of food before the end of their stay, diet fees will be applied.

Other person(s) authorized to pick-up your pet: _____ Phone Number: _____

If a minor health conditions arises with your pet (i.e. diarrhea, inappetance, skin lesions, etc.) do you wish for a veterinarian to contact you? ☐ Yes ☐ No

**If no, I authorize Wahiawa Pet Hospital to perform any necessary treatments to keep my pet healthy and understand that additional fees for the services will be added to the account. _____ (initials)

FEEDING INSTRUCTIONS:

- List the brand and type (dry or wet) of food: _____
- Amount to feed *per feeding*: _____
- Frequency of feeding: ☐ 1x daily (**choose one: AM / PM**) ☐ 2x daily Last Food Intake: _____
- List treats provided (*treats are given with their meals. For your pet's safety for the duration of boarding, we do not allow rawhides, Nylabones or similar products, or treats hidden in toys.*): _____

MEDICATIONS/SUPPLEMENTS TO BE GIVEN: (Additional charges for administering medication applies.)

**Original containers must be provided. Medications are only given twice daily.

Name of Medication/Supplement	Dosage	When Given		Last Given
		AM	PM	

OTHER SERVICES REQUESTED: (Additional charges may apply. Services may not be completed for uncooperative pets.)

- ☐ Nail Trim ☐ Bath (K9's only) ☐ Anal Gland Expression ☐ Microchip ☐ Daily Teeth Brushing
- ☐ Ear Cleaning (K9's only) ☐ Daily Brushing ☐ Other: _____
- *price varies on coat*

Signature of Pet Owner/Agent

Date

For WPH Staff Only

Weight at Check-In: _____

Staff Initials: _____

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