



Makai Pet Hospital

Where We CARE For Your Pet

420 Uluniu Street Kailua, HI 96734 / 808-262-9621 / info@makaipethospital.com

Boarding Admissions Form

Client's Name: _____

Pet's Name: _____

Phone Number (1st): _____

Phone Number (2nd): _____

E-Mail: _____

Where are you traveling to? _____

Drop off date: _____

Pick up date: _____

Emergency Contact (who can make medical decisions if you are not available) / Other person authorized to pick up pet :

Name: _____

Phone Number: _____

* **DROP OFF AND PICK UP** times are between **7am to 7:30pm Monday through Friday and 8am to 4:30pm Saturday and Sunday**. You will be charged by the day. Pick up prior to 9:00 am will not be charged for the day. On 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, Makai 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 nights or longer, he/she will get a complimentary bath (if cooperative).

* For the safety of our patients and staff, if fleas/ticks are noted, your pet will be treated and charges will be applied.

FEEDING INSTRUCTIONS:

- List the brand and type (dry or wet) of food: _____
- Instructions *per feeding*: _____ When was the last feeding? _____
- Frequency of feeding: 1x daily (**choose one: AM / PM**) 2x daily 3x daily
- List treats provided (For your pet's safety, 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)

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
 Ears Cleaned
 Anal Expression
 Daily Teeth Brushing
 Bath
 Daily Brushing
 Other: _____

Signature of Pet Owner/Agent

Date