

Wahiawa Pet Hospital

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

Client's Name: _____ Date: _____

	APPLICATION FOR BOARDING **Valid for 1 year from date**	
diarrhea, vomiting or constipation develops these symptoms, or any veterinarian deems treatment is n	other non emergent health condition necessary, we will attempt to call you.	r their diet. In the event that your pet , a veterinarian will be notified. If the
		(initials)
	deeply for the safety of our pets, clie gressive towards other pets and/or pare boarding.	* •
		(initials)
PERSONAL BELONGINGS: It is the sablankets, towels, or toys) are not	afety policy of Wahiawa Pet Hospital accepted.	that personal items (such as beds,
		(initials)
		es a day. We administer any medical taffed 24 hours a day. A veterinarian
		(initials)
reach you, we will proceed with e surgery and transport to Waipahu require care from a Veterinary Sp	THREATENING EMERGENCY arises very necessary life support measure, a Waikele Pet Hospital in order to savecialist, we will provide them with your restructed will be due upon your re	including, but not limited to: IV fluids, re your pet's life. Should your pet our current address and phone
		(initials)
veterinarians in the past 6 to 12 vaccines, have had a fecal test in	et Hospital must have received a p 2 months (varies on your pet's age) n the past year, and be free from in ne appropriate services will be pro), be current on all required iternal and external parasites. If
 Owner's Name	Signature	 Date