



### Boarding Admissions Form

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Phone Number (1<sup>st</sup>): \_\_\_\_\_ Phone Number (2<sup>nd</sup>): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Where are you traveling to: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Drop Off Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_

\* Drop off times are between: **9 am – 7:30 pm**. Pick up times are between **7 am – 7:30pm**. If you pick your pet up by **9 am**, you will not be charged for that 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, Waipahu Waikele 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 get a **complimentary bath**.

\*\*If fleas/ticks are noted on your pet (cat or dog) at check-in, your pet will be bathed upon arrival and charges will be applied.

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

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

\*\*\* If no, I authorize Waipahu Waikele 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  3x daily
- List treats provided (treats are given with their meals): \_\_\_\_\_

**MEDICATIONS/SUPPLEMENTS TO BE GIVEN:** (additional charges for administering medication applies) \*\*

*Original containers must be provided*

| Medication/Supplements | Dosage | When Given |    | Last Given |
|------------------------|--------|------------|----|------------|
|                        |        | AM         | PM |            |
|                        |        |            |    |            |
|                        |        |            |    |            |
|                        |        |            |    |            |

**OTHER SERVICES REQUESTED:** (additional charges may apply)

Nail Trim  Ears Cleaned  Anal Expression  Microchip  Bath

Teeth Brushing  Daily Brushing  Other: \_\_\_\_\_

*\*extended brush out will have additional charges* \_\_\_\_\_

\_\_\_\_\_  
Signature of Pet Owner/Agent

\_\_\_\_\_  
Date