

## Waipahu Waikele Pet Hospital

Client's Name:	Account #:	Date:
APPLICAT	TION FOR BOARDING	
**KEEP ON F	FILE (1 year from date)**	
Please be aware that there are different fees for pets class boarding. Standard boarding is for pets that are healthy a will be provided and is inclusive with the boarding fee. S problems. They can have the following conditions, but ar arthritis, seizures, and paralysis. These pets require adde their health issues will help ensure their physical, emotion your veterinarian's assessment, your pet will be classified	and require the routine amount of c pecial needs pets are ones that are s re not limited to, diabetes, asthma, k ed supervision, closer monitoring, e onal and medical needs are appropr	are. Routine feedings and walks sick, geriatric, or have mobility idney failure, heart disease, xtra time and a familiarity with iately addressed. Based upon
Boarding can be stressful. For example, some pets develong the event that your pet develops diarrhea or constipation designated emergency contact that you provided for us. It boarding pets. Some pets are not good candidates for boarding their stay. Please be advised that any observed, uncausing your pet pain and discomfort during his/her boardith condition observed with your pet deemed non-emany additional medical, dental, or surgical procedures repet, every attempt will be made to contact you or the des NOT REACH YOU, we will provide appropriate medical causing (initials)	In while boarding, every attempt will we provide the same high standard arding and may become ill, or their artificial ar	l be made to contact you or the s of medical care for our chronic conditions may worsen chronic health conditions ctors at our standard rate. Any e advised upon your return of al condition develops with your provided for us. IF WE DO
In the rare event that a <b>LIFE-THREATENING EMERGEN</b> proceed with every necessary life support measure inclu require care from a Veterinary Specialist, we will provide for all services rendered will be due upon your return.    I authorize Waipahu Waikele Pet Hospital to additional charges.	ding surgery, in order to save your gethem with your current address an	pet's life. Should your pet nd phone number(s). Payment
G	****	
Signature:   I authorize necessary procedures/expenses		
Signature:		
AGGRESSION DISCLAIMER: We care deeply for the safe becomes aggressive towards other pets and/or people w future boarding (initials)		
<b>PERSONAL BELONGINGS:</b> For the safety of your pet, it i items will be accepted. (This excludes food and medicati		t Hospital that no personal
All pets boarding at Waipahu Waikele Pet Hospital mone year, current on all required vaccines with a curr		

parasites. If these conditions are not met, the appropriate services will be provided and charged accordingly.

Owner's Name

Rev. 7-2019

Signature