



Wahiawa Pet Hospital

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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):
 Name: _____ Phone Number: _____

* Drop off times are between **9 am – 6:30 pm Monday – Fridays** and **8 am – 2:30 pm on Saturdays**. Pick up times are between **7am – 6:30 pm Monday – Fridays** and **7 am – 2:30 pm on Saturdays**. **If you pick up your pet by 9 am, you will not be charged for that day.** On Sundays and 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 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.

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 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****

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 Microchip Bath
- Daily Teeth Brushing Daily Brushing Other: _____
- *toothbrush & toothpaste must be supplied at drop off* **additional charge for extended brush-out*

Signature of Pet Owner/Agent: _____ Date: _____