

Central Maui Animal Clinic Boarding Form

Pet Name(s):	<input type="checkbox"/> Kennel Diet <input type="checkbox"/> Owner Diet
Owner Name(s):	Dry Food Amount: (cups?) <input style="width: 100%;" type="text"/>
Phone Number:	Wet Food Amount: (cups?) <input style="width: 100%;" type="text"/>
Email Address:	How many times a day? <input style="width: 100%;" type="text"/>
Emergency Contact:	Once A Day <input type="checkbox"/> AM or <input type="checkbox"/> PM <input type="checkbox"/> Twice A Day
Phone Number:	Other: <input style="width: 100%;" type="text"/>

Check-In Date: Drop-Off Time: 8:00 AM Earliest

Check-Out Date: Pick-Up Time: 4:00 PM Latest

Please list below any of the following that applies to your pet:
Medications – Restrictions – Allergies - Belongings

If someone other than the owner(s) will be picking up your pet:
I give the following person(s) authorization to pickup my pet(s) on the check-out date listed above (Driver's License will be required to release pet)

Name of Flea/Tick Prevention: (Flea/Tick Product is required)

Date Applied:

Please check: I understand that all pets should be treated with an approved flea/tick preventative prior to entering boarding. I understand that if my pet has not been treated, (and/or) parasites are found, the staff will administer treatment and my account will be charged accordingly.

Please check: I understand that a \$2.50 medication administration fee will be applied for each medication each time it is given

Client Signature: _____

Text Photo Or Email Photo

Toe Nail Trim: \$22.00 (Which pet(s): _____)

FOR BOARDING STAFF: Date and Time Scheduled _____