

# Central Maui Animal Clinic Boarding Registration Form

Pet Name(s):

Owner's Name(s):

Contact Phone Number:

Email Address:

Emergency Contact Name:

Contact Phone Number:

Check-in Date:  Drop-off Time:  8:00 AM - Earliest

Check-out Date:  Pick-up Time:  4:00 PM - Latest

Pet Feeding Instructions:  
 Kennel Diet     Owner Diet

Dry Food Amount: (cups?)

Wet Food Amount: (cups?)

How many times a day?  
 Once A Day     AM     PM  
 Twice A Day  
 Other

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 Product: (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.

Client Signature:

Toe Nail Trim: \$15.00   
Which Pet(s)?

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