

Central Maui Animal Clinic Boarding Cage Card for Returning Clients

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

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