

Guest:
Owner :
Entry Date:
Discharge Date:

Patient ID:
Species:
Sex:
Age:

FEEDING INSTRUCTIONS:

NAME OF FOOD: _____ OR PLEASE USE THE HOUSE DRY FOOD (HILLS DRY SENSITIVE STOMACH)
FREQUENCY: _____ CUP(S)/CAN ONCE DAILY TWICE DAILY THREE TIMES DAILY FREE FEED
(Example: 1/2 CUP(S)/CAN)

WAS YOUR PET FED TODAY?: YES NO

Because we have limited space for boarder's belongings we request that you bring only the amount of food needed for their stay, with a little extra in case their stay is extended

BATHING INSTRUCTIONS:

PLEASE GIVE: ENTRY BATH DISCHARGE BATH NO BATH ONLY IF NEEDED/SOILED
SHAMPOO: HOUSE SHAMPOO MEDICATED SHAMPOO MY OWN SHAMPOO

****Please note that all of our baths are charged per bath and come with a complimentary ear cleaning and nail trim and the cost depends on the weight of your pet. Please also note that medicated baths are higher in price****

ADD ONS:

ANAL GLANDS (+\$30) NAIL FILE (+\$5.50) NAIL TRIM (+\$23) FULL BODY SHAVE (DEPENDS ON SIZE OF PET)
 TEETH BRUSHING (+\$13) HAIR CLIPPING (+\$11) DEMATTING (\$11/15 MIN) SANI SHAVE (+\$11)

MEDICATION INSTRUCTIONS:

MEDICATION NAME: <i>(Example: Apoquel 5mg tablets)</i>	INSTRUCTIONS: <i>(Example: Give 1 tablet once daily in the morning)</i>	LAST GIVEN: <i>(Ex. 2/10 8am)</i>

MY PET HAS NO MEDICATIONS

ALL PETS MUST BE CURRENT ON FLEA PREVENTION TO BOARD

FLEA PREVENTION NAME: _____
DATE OF LAST DOSE: _____

I AM NOT CURRENT ON ANY FLEA TREATMENT
PLEASE ADMINISTER REVOLUTION OR NEXGARD (+\$30)

***In order to maintain a flea-free environment for all of our guests, all pets are inspected for evidence of fleas. If your pet is found to have fleas upon arrival, we will treat with Capstar (+\$23) to kill the fleas on the spot in addition to Revolution or**

SPECIAL REQUESTS/NOTES:

(Example: Dog aggressive, does not like skateboarders, painful back, keep away from brooms)

I AM LEAVING THE FOLLOWING ITEM(S) WITH THE HONOLULU PET CLINIC:

We will provide comfortable bedding for your pet. Leaving personal belongings like beds and blankets with us is discouraged due to strict sanitary requirements. We ask that you label any items left with us. For safety reasons, we do not accept breakable glass and ceramic bowls, stuffed or rope toys that can be torn apart and then the contents eaten, or chokeables such as Nyla bones and rawhides. The Honolulu Pet Clinic is not responsible for lost, damaged, or soiled belongings. Due to space limitations, large food bags and bins cannot be accepted. Please provide individual meals in pre-portioned Ziploc bags, labeled with your pet's name. Please include a few extra bags in case your pet's stay is extended. Mahalo for your trust and cooperation.

(Example: Black harness, black leash, one reusable grocery bag with 5 baggies of Science Diet adult kibble and one bag of veggie dents treats).

Pet Parent's Signature _____ Date: _____

****My signature is verifying that I have read the above information and that it is correct and current as of the above date for my pets boarding stay(s). I verify that if there are any changes to my pet feeding or medication instructions, I will update their information on this yearly boarding instructions sheet and let The Honolulu Pet Clinic know****

**The Honolulu Pet Clinic
1115 Young Street
Honolulu, HI 96814
(808) 593-9336**

Boarding Release Form

Client ID:
Client Name:
Address:

Patient ID:
Name:
Species:
Breed:
Sex:
Birth Date:

Telephone: () -

Additional services to be done during boarding stay :

The fee for boarding is \$ per night. Requests for special diets can be accommodated and the appropriate fee(s) will apply.
Your boarding reservation is from to .

Bath, Parasite and Vaccination Policy:

For the continued health and care of your pet during his/her stay at The Honolulu Pet Clinic, the following procedures will be followed:

- 1.) Any pet that enters the clinic with external parasites or becomes soiled while boarding will be given a cleansing bath and the appropriate fee will apply upon release. _____ **(Initial)**
- 2.) Prior to discharge, we highly recommend a cleansing bath and brush out to maintain your pet's coat & skin during its stay.
- 3.) **All boarders must be current with yearly immunizations, fecal and heartworm (for dog's only) checks.** This policy is for the protection of your pet and other boarders in the kennel. A fee(s) will be assessed to update these services.

Statement of Kennel Policy

1. Discharge hours are from 9am-1pm. Boarders leaving after 1PM will be assessed a 1/2 day boarding fee in the amount of half the boarding nightly rate.
2. Pet's personal items may be left at owner's risk. The Honolulu Pet Clinic will not be responsible for loss or damage.
3. The Honolulu Pet Clinic will use all precautions against injury, escape, or destruction of pet(s), but I will not hold them liable in any manner whatsoever for any circumstances regarding the care, treatment, or safe keeping of cash, or with any other connection therewith; and it is understood that by signing this release form, we assume all risk.

4. Should my pet become ill, or require cardiopulmonary resuscitation (CPR: including cardiac compression, positive pressure respiration [administering breaths], emergency drugs, or other heroic interventions), I authorize that The Honolulu Pet Clinic provide all medical/surgical treatment they deem necessary. I acknowledge that in the event of my pet's illness, if the staff of The Honolulu Pet Clinic cannot contact me immediately, I therefore authorize them to initiate appropriate treatment until I (or the responsible agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and fees with the veterinarians from The Honolulu Pet Clinic .

I agree to make complete payment to The Honolulu Pet Clinic at the time of discharge. I certify that my pet appears to be free of contagious diseases and of parasites. I understand that if I fail to pick up my pet within ten days of notification to the above address, they will be considered to be abandoned and will be handled in accordance with Hawaii state law, and that doing so does not relieve me of my financial obligations to the The Honolulu Pet Clinic .

Signed: _____ Date _____ Contact # _____
owner or responsible agent

Name of emergency contact if you are not available: _____ Contact # _____
(Please Print Name)