



Welcome to Central Maui Animal Clinic
BOARDING REGISTRATION - PAGE 1

Pet's Name: _____ Species: _____
Boarding Dates: FROM: _____ TO: _____
Owner's Name: _____ Traveling to: _____
Contact Phone: 1) _____ Contact Phone: 2) _____
Contact Phone: 3) _____ E-mail: _____
Pet's Veterinarian: (if other than CMAC) _____
Vet's/Clinic's Phone: _____

EMERGENCY CONTACT PERSON(S)

In the event that I (the owner) am not able to be reached, I authorize the following emergency contact person to make any decisions on behalf of my animal(s) during the stay as well as to visit them on property.

Name: _____ Phone: _____

Authorized to also pick up at end of stay? [] YES [] NO

Name: _____ Phone: _____

Authorized to also pick up at end of stay? [] YES [] NO

PERSONAL POSSESSIONS (label with pet's name where possible)

Please note: we cannot be held responsible for loss or damage.

- [] Collar/Leash/Harness: (describe, color etc.) _____
[] Bedding: (describe) _____
[] Toys: (list and describe) _____
[] Other: _____

Does your pet chew/shred bedding? [] YES [] NO

Table with 5 columns: RATES, Overnight (< 90 lbs), Overnight (> 90 lbs), Day (> 6 hrs), Partial Day (< 6 hrs). Rows for DOGS and CATS.

PAYMENT IN FULL IS DUE UPON CHECK OUT OF YOUR PET(S)

The scheduled departure date for my pet is _____ (mo./day/year). I plan to pick up my pet (or designate and authorized party to do so) on this date at approximately _____ am/pm.

Owner's Signature: _____ Date: _____ CMAC Representative: _____



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Medical Conditions:

In the unlikely event that your pet should become ill during the stay, a veterinarian may need to administer treatment. (As stated in the Master Boarding Agreement) We will make all attempts to contact you regarding treatment, unless otherwise specified by you.

Charges will be posted to your account and are due IN FULL upon checkout.

Does your pet have any particular medical condition(s) that we need to be aware of?

- Allergies Seizures Arthritis/Pain Other _____

Please describe medical issues or concerns: _____

Meds Info:

Medication #1 name: _____ Pill Ointment Drops Spray
Dosage Amount and Time to be administered _____
How do you administer? (in peanut butter, canned food, etc.) _____
Reason for medication: _____

Medication #2 name: _____ Pill Ointment Drops Spray
Dosage Amount and Time to be administered _____
How do you administer? (in peanut butter, canned food, etc.) _____
Reason for medication: _____

Medication #3 name: _____ Pill Ointment Drops Spray
Dosage Amount and Time to be administered _____
How do you administer? (in peanut butter, canned food, etc.) _____
Reason for medication: _____

Flea/Tick Preventative:

As stated in the *Master Boarding Agreement*, all pets will be examined for parasites **each time** they board. If parasites are found on pets, they will be treated and charges will be posted to owner's account.

Please list current type of flea/tick treatment used on your pet:

- Advantage Frontline Advantix Comfortis Other: _____ None
Date treatment was applied: _____

Feeding/Diet:

What is your pet's normal diet at home? (brand/type) _____

Daily Feedings 1/day 2/day 3/day Amount per feeding: _____

You want us to feed: Kennel Diet Food I provide (brand/type) _____

Other instructions: _____

Is your pet allowed to have treats? Yes No If so, what kind? _____

If your pet is reluctant to eat in new environments, is there anything we can add to food to entice him/her to eat? _____

Please list any other concerns you may have for your pet(s) during their stay:

