



Welcome to Central Maui Animal Clinic

CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs by taking a moment to complete this information sheet. Mahalo!

Name: _____ Spouse/Co-owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Driver's License/SSN: _____ E-mail address: _____

Employer: _____ Spouse's employer: _____

In case of EMERGENCY, please call: _____ Phone: _____

How did you first hear of our clinic? (please check one) _____

- An individual we may thank: _____
- Website
- Clinic sign
- Yellow Pages
- Other (please specify): _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites.

I authorize the doctor to provide vaccines and parasite control as needed for my pet(s) and affirm that the information I supplied above is correct.

Signature: _____ Date: _____

*Please note that professional fees are due at the time services are rendered.
At your request, we would gladly prepare a written estimate.*



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PET INFORMATION

Please provide information for each of your pets. Mahalo.

	Pet Name	Pet Name	Pet Name	Pet Name
Species				
Breed				
Color/Markings				
Date of Birth				
Sex (neutered/spayed)				
Length of time owned				
Vaccination History				
Medical History				
Type of grooming/flea control products use				
Indoor, outdoor or both				
Microchip/Tattoo#				



Welcome to Central Maui Animal Clinic
BOARDING REGISTRATION - PAGE 1

Pet(s) Name(s): _____ 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: _____



Welcome to Central Maui Animal Clinic
BOARDING REGISTRATION - PAGE 2

Medical Conditions: Pet's Name: (please print & fill out for each pet)

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:



Welcome to Central Maui Animal Clinic MASTER BOARDING AGREEMENT

Each boarding client at Central Maui Animal Clinic must carefully read and sign this contract, which will be kept on file as long as your pet boards with us.

I do hereby entrust Central Maui Animal Clinic, (CMAC), to care for my Pet for his/her boarding stay and agree to all of the terms listed below. I authorize CMAC to look out for the well-being of my Pet. I understand that, in the unlikely event that my pet becomes ill or is experiencing problems, a veterinarian may need to administer treatment. We will attempt to contact you regarding this prior to treatment. I agree to pay for any and all medical costs incurred, including special geriatric care and emergency care. I also understand that my Pet will be checked for fleas and ticks each stay and if treatment is necessary, that my account will be charged accordingly.

I understand that CMAC will exercise reasonable care for my Pet at all times. I will not hold CMAC responsible for any liability arising from boarding my Pet from any cause whatsoever. This includes fire, theft, and escape, death, injury or death to persons or pets, or property damage caused by my Pet. I agree to be responsible for any and all acts of behavior of my pet at any time within the terms and time of this agreement. I also agree that I am solely responsible for any damages that my pet may cause through malicious or improper conduct.

I agree to pay daily board at the rate posted per night. I understand that a cancellation fee equivalent to one night's stay will apply with less than 48 hours notice of cancellation of reservations. (2 nights' stay during holidays.) I understand that I must contact CMAC if my return date is extended. If an extension of boarding stay is required, it is subject to availability. Also, payment in full is required prior to extending beyond agreed upon check-out date. If you fail to pick up your Pet on agreed upon date, we will attempt to contact you and/or your designated agent.

I understand CMAC recommends that my pet be treated with a once a month flea and tick treatment before boarding. I am aware that staff will check my pet for fleas and ticks and charge my account for treatment if any are found, I understand CMAC is NOT responsible if parasites are found on my pet after boarding. I have read this contract and sign it freely.

Owner's Signature:

Date:

PRINTED NAME: -----

PET(S) NAME(S): -----