Cat Boarding Information

Owner's Name		Animal's Name:	
Date In:	Date Out:	_	
Has own food	Has own food Ok to use dry food provided by Kapaa Animal Clinic		
Please List special instr	uctions (i.e. medications, specia	l diets, etc.):	
		e ts, or towels. We provide your pet with all comforts they will ng items such as those mentioned above, please check the box	
-	e cannot guarantee you will get t		
	□ Toys (total #):	Blankets (total #):	
Towels (total #):	Food Type		
In case of emergency, p	lease contact	phone number:	

I understand that my animal's vaccination history needs to be current within one year. If not current, I hereby give permission to Kapaa Animal Clinic to vaccinate my animal and I will pay all charges. In case of emergency when I cannot be reached, I hereby authorize Dr. Ahana and his staff to do whatever is necessary to treat my animal and agree that this account is payable on release of my pet. I will notify the clinic promptly if I wish to extend the pick- up date. If my cat is not claimed within 5 days after the designated departure date, after reasonable efforts by Kapaa Animal Clinic to contact me, I hereby specifically consent to the surrender of the ownership and possession of my pet to Kapaa Animal Clinic.

In the event of a hurricane, please check preference below (November-June)

□ It is okay to leave my cat at Kapaa Animal Clinic. Please be assured that the clinic is designed to withstand 200 mph winds. During the past hurricanes, this area was not damaged by high seas. We will do our best to keep your cat as safe and comfortable as possible.

Call (relative/friend) Name______to pick up my cat. Phone #:______ If they cannot be reached, then your cat will stay at the clinic.

Date:_____

Signature of owner or authorized agent: