

<b>Owner:</b>
<b>Pet Name:</b>
<b>Contact #:</b>

**Waipahu Leeward Veterinary Clinic  
94-801 Farrington Hwy. Suite #3  
Waipahu, HI. 96797**

**Boarding Dates:** \_\_\_\_\_

\_\_\_\_\_ I fully intend to pick up my pet on the date specified above. If circumstances change, I will notify the boarding facility.

\_\_\_\_\_ In the event of an emergency and WLVC is unable to reach me at the emergency number; I authorize necessary medical care to maintain the health and/or life of my pet.  
(STANDARD MEDICAL FEES APPLY)

**Feeding Instructions:** (an additional charge for food provided by WLVC applies)

- I brought my own food: \_\_\_\_\_  
 Please provide food: \_\_\_\_\_

Amount of food to feed: \_\_\_\_\_

- Once Daily                                       Twice Daily                                       Three Times Daily

**Prescription medications to be given:** (an additional charge for administering medication applies)

Medication Name	Dosage

**Other Services Requested:** (additional charges apply)

- Nails Trimmed                                       Ears Cleaned                                       Anal Expression  
 Microchip     Dental Cleaning                                       Other \_\_\_\_\_

**Belongings:** \_\_\_\_\_

**Bathing Policy**

\_\_\_\_\_ Any pet with fleas/ticks at check-in will be bathed upon entrance at the owner's expense. Pets boarding for 5 nights or longer will get a complimentary bath.

All pets boarding must be current on all vaccines. If not, WLVC will vaccinate them upon arrival and you will be charged accordingly.

\_\_\_\_\_  
**Signature of Pet Owner/Agent**

\_\_\_\_\_  
**Date**