

Aloha Animal Hospital Associates 4224 Waialae Avenue Honolulu, HI 96816 (808) 734-2242

Statement of Boarding

As an accredited hospital by the American Animal Hospital Association, we practice to ensure the safety and health of all pets in our care. This includes an updated exam, vaccinaton(s), internal and external parasite testing and prevention. If any vaccinations or tests are due, your pet will be updated during the boarding and a courtesy consultation will be scheduled upon pick-up of your pet. To protect your pet, a preventative flea/tick product will be applied by us upon entry to manage external parasites.

In the event your pet requires any veterinary care while boarding here at Aloha Animal hospital, we will attempt to contact you prior to treatment. If all attempts to contact you are unsuccessful, the appropriate treatment will be provided until you or another authorized agent can be reached. You agree to be responsible for all services applied to your account.

Print Name		Signature			Date
		()			
Alternate Cor	itact Name	Alterr	nate Phone Nu	ımber(s)	
Boarding Check-In:	7	Гіте:	Check-Out: _		Time:
A) Vaccines: up to	date due: _				
Heartworm Prevention	n:due	:: Flea	a/Tick Prevention		due:
B) Diet: (please circle fr	om the following)				
FEED: growth	adult senior other	er:			
FORM:	_cup(s) DRY	_can(s) WET	other		
TIME: AM	PM other:	a	dditional info:		
C) Medications:(please	indicate last administrat	ion of each medi	cation)		
Name		int-Dosage	Frequency		Last Given
			·	- 86 9 <u>4</u>	
<u> </u>			-		
D) Additional Services: (circle any additional red	quest)			
BATH Bundle (i	nclude: pedicure, anal e	expression, ear c	leaning)		
PEDICURE	ANAL EXPRESSION	EAR CLEAN	WING CLIP	OTHER	