





Client ID: \_\_\_\_\_

change in diet may result in stomach upset, so we do encourage bringing your pet's own food from home in order to reduce the occurrence of vomiting and/or diarrhea.

**Diet:**

Have you provided your OWN FOOD? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is your pet on a special or restricted diet? Yes: \_\_\_\_\_ No: \_\_\_\_\_

\*If your pet is on a special/restricted diet, please state type of diet: \_\_\_\_\_

Amount to Feed: \_\_\_\_\_

Frequency: \_\_\_\_\_

Any additional special instructions? \_\_\_\_\_

If your pet is disruptive to other patients at the clinic, we will administer calming medication as necessary. **Initials:** \_\_\_\_\_

Has your pet shown any recent signs of illness (coughing, sneezing, vomiting, diarrhea)? **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Boarding Plus:**

Boarding plus is available Monday through Friday at an additional fee of \$14.50 per day. Boarding Plus includes additional walks (for dogs), extra play and snuggles with our staff. **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Additional Services:**

We are able to provide the following services while at the clinic (*additional charges will apply*):

Bath  Pedicure  Ear Cleaning  Microchip  Update Vaccines (Exam required) Other: \_\_\_\_\_

Please initial if we may post photos of your pet(s) on our Kailua Animal Clinic social media profiles. **Initials:** \_\_\_\_\_

***For Families with Multiple DOGS Boarding:***

Would you like them to be housed together?  Yes **Initials:** \_\_\_\_\_

No **Initials:** \_\_\_\_\_

*(Please note that Kailua Animal Clinic will not be responsible for any injuries incurred should a dispute occur between your pets while being housed together and you as the owner will be financially responsible for any veterinary care that may need to be provided).*

Can they be fed together?  Yes **Initials:** \_\_\_\_\_

No **Initials:** \_\_\_\_\_

I hereby agree that I have read and understand this form, that the services above have been described to me to my satisfaction, and that I realize no guarantee can ethically or professionally be made regarding the results of the services rendered. While Kailua Animal Clinic is to use all reasonable precautions against illness, injury, or escape of my pet, I agree to hold all hospital staff harmless from any and all liability arising out of the care or treatment of my pet. I understand that I assume all financial responsibility for all services rendered, and that full payment is due at the time of release.

\_\_\_\_\_  
Signature of legal owner or responsible agent (over 18 years of age)

\_\_\_\_\_  
Date