



Play Care and Boarding Registration

Owner Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work: _____ Cell: _____
 E-Mail: _____
 Emergency Contact: _____
 Phone: _____ Travel Dates: _____
 Destination: _____ Phone: _____

Veterinary Information

Veterinary Clinic: _____
 Clinic Phone: _____
 Preferred Doctor: _____
 In case of emergency does Tails of Hawaii have your consent to utilize the veterinary clinic of our choosing? Yes No

Has your pet had an annual examination and vaccinations within the last year?
 Yes Date _____ No

Emergency Contact

Name: _____
 Phone (H): _____ Cell: _____ Work: _____
 May we release your pet to this person in case of emergency?
 Yes No

Pet Information

Pet #1
 Name: _____
 Breed: _____
 Sex: M F Sterilized: Y N
 Age: _____ DOB: _____

Pet#2
 Name: _____
 Breed: _____
 Sex: M F Sterilized: Y N
 Age: _____ DOB: _____

Special Instructions: _____

