



3-835 Kaunualii Hwy. (location)
P.O. Box 3330 (mailing)
Lihue, Hawaii 96766
Phone: (808) 632-0610
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Email: khs@kauaihumane.org

KHS Member Pet Boarding Registration Form

KHS Member* Yes/No Date: _____

Date of Reservation: _____

Pet Owner's Name: _____

Address: _____

Mailing (if different): _____

Phone Numbers: Home: _____ Work: _____

Emergency Contact: Name: _____ Phone: _____

Private Veterinarian (required in case of emergency): _____

Name of Visitors Allowed to Visit: _____

Pet's Name: _____ Age: _____

Breed/Description: _____ Sex: M NM F SF

Color: _____ Likes & Dislikes: _____

Feeding Instructions (Include Treats): _____

Pet's Name: _____ Age: _____

Breed/Description: _____ Sex: M NM F SF

Color: _____ Likes & Dislikes: _____

Feeding Instructions (Include Treats): _____

Personal Items Brought For Pet(s): _____

*KHS membership requires minimum \$35 donation to KHS per calendar year