

Client ID # _____

Client Information

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. ThankYou!

REGISTRATION

Date: _____

Owner's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Spouse's Name: _____ Cell Phone: _____

Spouse's Employer: _____ Work Phone: _____

Mailing Address: _____

Home Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about our clinic? Sign Outside Facebook Recommendation Website Newspaper

Pet Health History

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birthdate: _____

Male Female Undetermined Spayed Neutered Microchipped

Pet's Current Medications: _____

Name of Pet: _____ Dog Cat Other: _____

Breed: _____ Color: _____ Birthdate: _____

Male Female Undetermined Spayed Neutered Microchipped

Pet's Current Medications: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). In the event that I elect to leave my pet in your care for treatment, including surgery, and fail to retrieve my pet when it is ready for release after reasonable efforts by Kapaa Animal Clinic to notify me that the pet's treatment has been concluded, I hereby specifically consent to the surrender of the ownership and possession of my pet to Kapaa Animal Clinic.

I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid in full (cash, check, or credit card) at the time of release and that a deposit will be required for surgical/ hospital treatment. Upon request we will provide you with a written estimate of fees before care is provided.

Signature of Owner: _____ Date: _____