

KAPAA ANIMAL CLINIC NEW CLIENT INFORMATION

PLEASE PRINT

Date _____

Owner's Name _____ Social Security Number _____

Driver's License Number _____

Spouse's Name _____ Social Security Number _____

Driver's License Number _____

MAILING ADDRESS _____

City/State/Zip _____ Home Phone _____

Cell Phone _____

Name of Employer _____ Work Phone _____

Spouse's Employer _____ Work Phone _____

In Case of emergency Notify _____ Phone # _____
(other than yourself)

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Please tell us how you will be paying your bill by circling one of the following:

Cash Check Credit Card Other _____

Payment in full, by cash, check or credit card, is expected when treatment is performed or animal is discharged. In case of emergency hospitalization, deposit arrangements must be made with the receptionist. Upon request we will provide you with a written estimate of fees before care is provided.

Signature of Owner/Authorized Agent _____

PET INFORMATION:

Pet's Name _____ Dog _____ Cat _____ Other _____ Breed _____

Date of Birth _____ Sex: M F Color _____ Spayed or Neutered ' Yes ' No

MEDICAL HISTORY:

Please check if your pet has had the following preventive health care services within the last year:

CAT:		DOG:		DOG:	
Vaccination	' Yes ' No	Distemper/Parvo Vacc.	' Yes ' No	Fecal Exam	' Yes ' No
Leukemia Vacc.	' Yes ' No	Heartworm Test	' Yes ' No	Is your dog on Heartworm	
F.I.P.	' Yes ' No			Preventive	' Yes ' No

Is your pet currently receiving any medication? ' Yes ' No What? _____

Does your pet have any known drug allergies? ' Yes ' No What? _____

May we give out your name & phone number for breeding information? ' Yes ' No

CONSENT:

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.

Date: _____ Signature of Owner/Authorized Agent _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

Sign _____ Yellow Pages _____ Here previously _____
Friend/Relative (who) _____

