



NEW CLIENT REGISTRATION

Welcome to Kailua Animal Clinic

CLIENT INFORMATION

Owner's Name: _____ Spouse/Other: _____

Children (names, ages): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Telephone: _____ home work cell Best time to call: _____

Other Telephone: _____ home work cell Best time to call: _____

Email: _____

In Case of Emergency, please contact _____ at _____

Employer's Name and Address: _____

Spouse/Other's Employer and Address: _____

How did you hear of us? Internet Drove by Yellow Pages Humane Society Other: _____

Any individual we may thank? _____

PATIENT INFORMATION

Pet's Name: _____ Date of Birth: _____

Species: Dog Cat Bird Rabbit Guinea Pig/Chinchilla Rat/Mouse Reptile Fish

Goat Pig Other: _____

Breed: _____ Color: _____ Microchip #: _____

Gender: Neutered Male Male Spayed Female Female Unknown

Reason for Visit: _____

Previous Veterinarian(s): _____ Telephone: _____

Previous Medical Conditions: _____

Current Medications: _____

Names and species of any other pets: _____

I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of legal owner or responsible agent

Date

Driver's License #: _____ or Military ID #: _____ State: _____ Exp: _____