Kalihi Pet Clinic

Doctor Intake Form

Please read carefully and complete legibly with a pen.

Client Information

Full name:

Address:

Phone Number:

Email:

Patient Information

Patient's Name:

Sex: ☐Female ☐Male
Spayed/Neutered? ☐Yes ☐No

Age/Date of birth:

Breed:

Appointment Reason

Briefly, why are we seeing your pet today?

Pre-authorized Approval Amount

(*PLEASE SELECT ONLY ONE*):
☐ Up to $200 ☐ Up to $300 ☐ Up to $400 ☐ Up to $500 ☐ Any Amount Necessary

We will always call for approval before procedures requiring sedation (surgery, dental, etc) or if tests go over the pre-authorized approval amount. By filling out this form I acknowledge that I am authorizing Dr. Obara and staff to perform any treatments, sample collections, or tests they deem necessary within the approved dollar amount.

Additional Services

☐General Bloodwork ($160)
☐Nail Trim ($0)
☐Anal Gland Expression ($0)
☐*Heartworm Check- Dog only ($25)*
☐*FIV/FELV test - Cat only ($50)*

☐ *Dog* Vaccines + Heartworm test ($130)
☐ Cat Indoor Vaccines ($60)
☐ Cat Outdoor Vaccines ($120)
☐ Microchip ($25)

General Patient Health

- **Current Medication :**
- **Flea and Tick Prevention :**
- **Heart worm Prevention:**
- **Known Allergies :**
- **Past Pertinent Medical Conditions :**

For the section below, mark yes or no regarding each issue.

Gastrointestinal (Stomach + Intestinal)

☐ No	☐ If yes, explain. Please provide more information about the situation (How long, what signs/symptoms)

Urogenital (Urinary + Reproductive)

☐ No	☐ If yes, explain. Please provide more information about the situation (How long, what signs/symptoms)

Cardiovascular + Respiratory (Heart + Lungs)

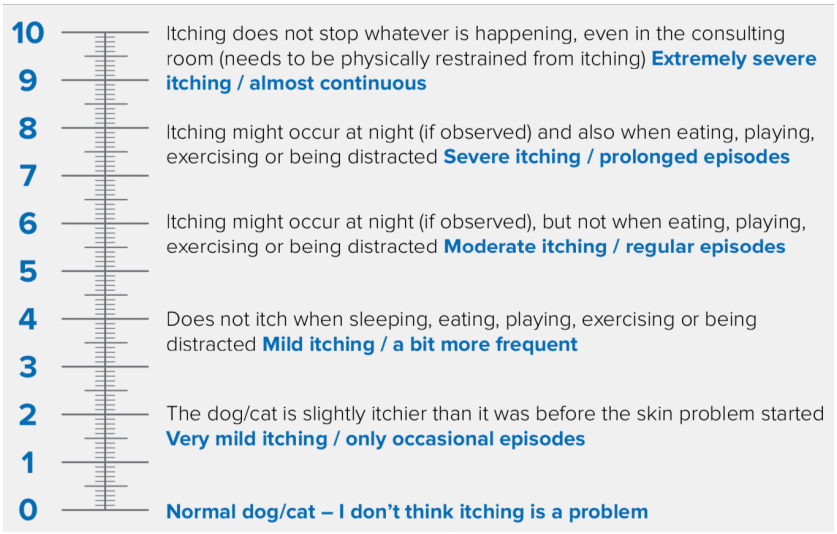
☐ No	☐ If yes, explain. Please provide more information about the situation (How long, what signs/symptoms)

Ophthalmology (Eye)

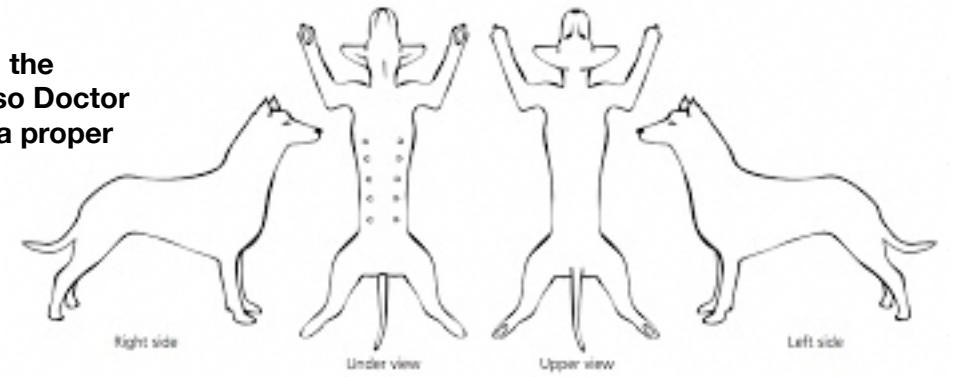
☐ No	☐ If yes, explain. Please provide more information about the situation (How long, what signs/symptoms)

	Dermatology (Skin + Ears)
☐ **No**	☐ If yes, explain. Please provide more information about the situation (How long, what signs/symptoms)

FOR ITCHY PETS - Place an "X" next to the number that best describes your pet's itch level.



FOR GROWTHS - Circle all areas on the diagram in which there is a growth so Doctor Obara can easily locate to conduct a proper examination:



	Orthopedic (Muscle + Skeletal)
☐ **No**	☐ If yes, explain. Please provide more information about the situation (How long, what signs/symptoms)

	Dental (Mouth/ Teeth)
☐ **No**	☐ If yes, explain. Please provide more information about the situation (How long, what signs/symptoms)

PLEASE READ CAREFULLY AND INITIAL AFTER EACH STATEMENT:

_____ When you arrive at the clinic, please remain in your vehicle and call 808-425-7700 to let our staff know that you have arrived. Please provide the first and last name of your pet, your appointment time and the number of the stall you are parked in. Please make sure that your cat is in a secured carrier. Slip leads will be available for all dogs.

_____ To ensure the safety of everyone, please be sure to wear your mask over your mouth and nose when interacting with staff.

_____ Appointments average about 1.5 hours. Please be aware that this is an average time and it may vary depending on the day. Dr.Obara or a technician familiar with your case will call you to go over the appointment. Pickup times are flexible. You may pick up your pet anytime after receiving our call until closing with the exception of our lunch break.

- Monday, Tuesday, Wednesday and Friday (Close at 5pm, closed between noon and 1pm for lunch)
- Saturday (close at 3pm, closed between noon and 1230pm for lunch)

_____ I confirm that I am the owner of _____
Pet's Name

_____ I authorize Dr Obara to provide services, including diagnostic testing and treatment, if warranted.

_____ I assume complete financial responsibility for all services rendered and understand that payment in full is required upon discharge. We will always call for approval if services exceed the pre-authorized amount.

Operating curbside has presented its challenges, but we are always striving to improve this experience for our patients and their families. Mahalo for your patience.

By signing below, I acknowledge that I have read, understand, and agree to the terms. I understand that if I have any questions or concerns, it is my responsibility to discuss them with a staff member.

Signature:_____ Date:_____

Please have phone readily available for any emergency calls, discharge instruction and pick up information. If there is an additional phone number (other than one provided in client information) for pick up please write it on the top of the front page.