



Kalihi Pet Clinic

New Client Form

Phone: (808) 951-8808

Fax: (808) 951-8806

Name: _____ Referred By: _____

Address (Street, City, Zip Code): _____

Cell Phone: _____ Business Phone: _____

Driver's License Number (State & Date of Birth): _____

Email Address: _____ Check if we can communicate with you via email

Pet's Name: _____ Date of Birth/Age: _____

Type of Animal: Dog Cat Other (Please Specify): _____

Sex: _____ Check if Spayed/Neutered Breed: _____

Color: _____ Microchip Number: _____

Most Recent Vaccinations (Date & Vaccination Type): _____

Previous Veterinary Clinic (Name & Phone Number): _____

Known Allergies: _____

Current Medications: _____ Medical Conditions: _____

Reason for First Visit: _____

Entry Number: _____ Kennel Number: _____

I am the owner or agent of the described animal. I hereby authorize the veterinarian to examine, prescribe and treat my animals. I consent to any diagnostic tests, treatments or emergency care that my pet may need. I certify that there is no guarantee or assurances has been made as to the result that may be obtained through the course of treatment. I assume financial responsibility for all charges incurred to the patient for services rendered and understand that full payment is required upon discharge.

Signature: _____ Date: _____