WELCOME TO HAWAII KAI VET CLINIC!

7192 KALANIANAOLE HWY #G102
HONOLULU, HAWAII 96825

JOHN KAYA, D.V.M.
ANN SAKAMOTO, D.V.M.
ALLISON ONG, D.V.M.
LEIANNE LEE LOY, D.V.M.
DAVID GANS, D.V.M.
ERIC AKO, D.V.M.

CLIENT INFORMATION

LEGAL OWNER'S NAME ______________________________, ____________________ SSN# _______-______-__________
(last) (first) Only if paying with check

SPOUSE ______________________________, ____________________ SSN# _______-______-__________
(last) (first) Only if paying with check

HOME ADDRESS ____
(street no.) (zip code)

PHONE NUMBERS PRIMARY(______) ________-____________ SECONDARY(______) ________-____________

EMAIL ADDRESS ____________________________________ @ ______________________________

EMPLOYER ______________________________________ PHONE (______) ________-____________

How did you hear about us? Friend (name)______________________ Live in area Online Other:____________

DOCTOR PREFERENCE: ☐ Dr. Kaya ☐ Dr. Sakamoto ☐ Dr. Ong ☐ Dr. Lee Loy ☐ Dr. Gans ☐ Dr. Ako

PATIENT INFORMATION

PET'S NAME ____ DOG ☐ CAT ☐ OTHER ____________
MALE ☐ FEMALE ☐ NEUTERED / SPAYED? YES ☐ NO ☐ BIRTHDAY/AGE ______________

BREED __________________________________ COLOR / MARKINGS ______________________________
My pet is: TOTALLY INDOORS ☐ INDOOR / OUTDOOR ☐ OUTDOOR ONLY ☐

Brand(s) of pet food:__________________________ Wet ☐ Dry ☐ Treats? ______________________

Flea/Tick meds: _______________________ None ☐ Heartworm meds:_______________________ None ☐
(Nexgard, Trifexis, Cheristin, Advantix, Capstar, Sentinel, Revolution, Bravecto, etc.) (Heartgard, Trifexis, Revolution, Sentinel, etc.)

Has your pet ever aggressively bitten anyone? Yes ☐ No ☐

Last veterinary clinic seen/Date of last vaccinations:____
(if records aren't present)

Please check any symptoms or problems you've noticed with your pet:

☐ Appetite loss	☐ Halitosis (Bad Breath)	☐ Sneezing
☐ Behavioral Changes	☐ Limping	☐ Thirst
☐ Coughing	☐ Scratching: _______________	☐ Vomiting/Dry Heaving
☐ Diarrhea	☐ Shaking Head	☐ Weakness
☐ Eye Disorders: _______________	☐ Shivering	☐ Whining/Crying
☐ Fleas/Ticks	☐ Skin Issues	☐ Other:________________

How do you plan to pay for today's visit? Cash ☐ Check ☐ Credit Card ☐

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. WE DO NOT BILL.*** *After carefully reading the above, I sign in agreement.*

Signature of owner/responsible person ____________________________________ Date ______________