



HAWAII KAI VETERINARY CLINIC

7192 KALANIANAOLE HWY #G102
HONOLULU, HAWAII 96825

PATIENT INTAKE FORM

CLIENT NAME: _____

HOME ADDRESS _____

PHONE NUMBERS: PRIMARY (_____) _____ - _____

SECONDARY (_____) _____ - _____

PET'S NAME: _____

CONCERN: _____

What symptom(s) is your pet demonstrating? _____

Do you have pictures or videos you wish to share? Please send them to our clinic email:
hawaiikaivetclinic@gmail.com with your pet name and last name in the subject heading.

Please check one of the following:

_____ Please perform whatever services and treatments the doctor deems necessary for the best care of my pet. It is NOT necessary to contact me prior to these services and/or treatments.

_____ Please perform whatever services and treatments the doctor deems necessary up to the amount of \$_____. Any additional treatment beyond that amount, please contact me to discuss first.

_____ Please call me before any treatments are performed. I understand that this may prolong wait times and care for my pet.

CREDIT CARD INFORMATION

Name on card: _____

Card Number: _____

Exp: ____ / ____ CVV security code (3 or 4 digits): _____

I accept responsibility for all fees incurred during the treatment of my pet. I hereby release Hawaii Kai Veterinary Clinic Inc. and its representatives from any and all liability for any injuries or illnesses incurred while my pet is in their care.

Signature of owner/responsible person _____ Date _____