



WELCOME TO HAWAII KAI VET CLINIC!

7192 KALANIANA'OLE HWY #G102
HONOLULU, HAWAII 96825

| JOHN KAYA, DVM | ANN SAKAMOTO, DVM | ALLISON ONG, DV.M | LEIANNE LEE LOY, DVM | DAVID GANS, DVM |
| ERIC AKO, DVM | JORDAN BADER, DVM | MAKOTO SAKAMOTO, DVM | KIRSTEN JENSEN, BSc, BVMS |

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: _____

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, Christin, Simparica Trio, 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)

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 _____