

CLIENT INFORMATION FORM

PRIMARY OWNER

NAME: LAST _____ FIRST _____ TITLE _____

MAILING ADDRESS:

STREET ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT INFORMATION:

HOME _____ CELL _____ WORK _____

EMAIL ADDRESS _____

WHICH IS THE BEST WAY TO CONTACT DURING THE DAY? _____

WHICH IS THE BEST WAY TO CONTACT AFTER BUSINESS HOURS? _____

EMPLOYER _____ OCCUPATION _____

DRIVERS LICENSE _____ EXPIRATION _____ STATE _____

SPOUSE/CO-OWNER

NAME: LAST _____ FIRST _____ TITLE _____

MAILING ADDRESS: (IF DIFFERENT THAN ABOVE)

STREET ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT INFORMATION:

HOME _____ CELL _____ WORK _____

EMAIL ADDRESS _____

WHICH IS THE BEST WAY TO CONTACT DURING THE DAY? _____

WHICH IS THE BEST WAY TO CONTACT AFTER BUSINESS HOURS? _____

EMPLOYER _____ OCCUPATION _____

DRIVERS LICENSE _____ EXPIRATION _____ STATE _____

RELATIONSHIP TO PRIMARY OWNER? _____

HOW DID YOU HERE ABOUT US?

- Yellow Pages
 Drove by Hospital
 Personal Referral
Who may we thank? _____
 Other? _____

EMERGENCY TREATMENT

In the event of an emergency, do you a authorize treatment of your pet(s) if every attempt made to contact you was unsuccessful?

YES NO

INITIAL _____

PET INFORMATION

NAME _____ SPECIES? DOG CAT

BIRTH DATE _____ SEX? MALE FEMALE

BREED _____ NEUTERED? YES NO

COLOR _____ SPAYED? YES NO

MARKING(S) _____ VACCINATED? YES NO

PREVIOUS VETERINARIAN:

Would you like your pet's medical history transferred to our hospital?
YES NO

I, the undersigned, and owner or authorized agent of the above mentioned pets, do hereby authorize Aloha Animal Hospital to perform such examinations, diagnostic tests and treatments as necessary. I further agree to be financially responsible for all costs for such procedures and treatments. I understand that full payment is due at the time services are rendered. I understand that abandonment of animals does not relieve me of this financial obligation. Failure to pay bills on time may result in billing, finance charges and/or costs of any collection fee incurred.

SIGNATURE _____ DATE _____