

**Client and Patient Information**

Owner's Name(s): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Phone #: **Circle one please**  
Cell/Home/Work \_\_\_\_\_

Alternate Phone #: **Circle one please**  
Cell/Home/Work \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about Kapolei Pet Hospital?  
\_\_\_\_\_

Are you 18yrs or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you in the Military?\* Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you a Senior Citizen (60+yrs)?\*

Yes \_\_\_\_\_ No \_\_\_\_\_

\*10% off of office visit with proof of ID\*

**I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment.**

Owner signature: \_\_\_\_\_

\_\_\_\_\_ Date

Pet's Name: \_\_\_\_\_

Species: Dog \_\_\_\_\_ Cat \_\_\_\_\_

Breed: \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Spay \_\_\_\_\_ Neuter \_\_\_\_\_

Birthdate: \_\_\_\_\_

Markings/Color: \_\_\_\_\_  
\_\_\_\_\_

Obtained from: Pet store \_\_\_ Breeder \_\_\_ HHS \_\_\_

Other \_\_\_\_\_

Number of pets in the household:

Cats \_\_\_ Dogs \_\_\_ Other(s) \_\_\_\_\_

You have your pet primarily for: Work \_\_\_ Show \_\_\_

Breeding \_\_\_ Companionship \_\_\_ Other \_\_\_

Your pet lives mostly: Indoor \_\_\_ Outdoor \_\_\_ Both \_\_\_

When outdoors your pet is mostly:

Loose \_\_\_ Leashed \_\_\_ Fenced \_\_\_ Other \_\_\_

Your pet's usual diet is: Brand \_\_\_\_\_

**Circle all that applies:**

Dry Canned Cooked Freeze Dried Raw

Please list all medications your pet is on:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet currently on heartworm preventatives?

YES \_\_\_\_\_ NO \_\_\_\_\_



**Kapolei Pet Hospital**

899 Kamokila Blvd. Unt 203 • Kapolei, HI 96707

Ph: 808.462.8040 • Fax: 808.744.3861