

**KAUAI VETERINARY CLINIC
1864 HALEUKANA ST.
LIHUE, HI 96766
(808)245-4748**

**CLIENT INFORMATION
(ADULTS OVER 18 YEARS ONLY)**

OWNER'S NAME _____ PHONE (____) _____ - _____

MAILING ADDRESS _____ CITY _____ ZIP _____

EMPLOYER _____ PHONE (____) _____ - _____

HAWAII DRIVERS LICENSE # _____ REFERRED BY _____

NAME OF SPOUSE _____

EMPLOYER _____ CELL PHONE (____) _____ - _____

PAYMENT DUE AT TIME OF VISIT VIA: CASH, VISA, MASTERCARD, OR LOCAL CHECK ONLY.
(A FEE OF \$25.00 ON ALL RETURNED CHECKS)

***I(WE), AGREE TO PAY THE AMOUNT DUE ON THE DAY IN WHICH THE INDEBTEDNESS WAS INCURRED. ANY AMOUNT NOT PAID WITHIN ONE WEEK SHALL BE CONSIDERED DELINQUENT.
IN THE EVENT OF A DELINQUENT ACCOUNT, KAUAI VETERINARY CLINIC HAS THE RIGHT TO PLACE THE ACCOUNT IN THE HANDS OF A COLLECTION AGENCY.***

SIGNATURE _____ DATE _____

PETS NAME _____ SPECIES _____ BREED _____ COLOR _____

DOB _____ SEX: FEMALE/SPAY MALE/NEUTER LAST VACCINE GIVEN _____

CURRENTLY ON MEDICATION _____ WHAT KIND _____

BRIEF MEDICAL HISTORY _____

