

KAUAI VETERINARY CLINIC
1864 HALEUKANA STREET
LIHUE, HI 96766
Ph. (808) 245-4748
Fax (808) 245-8690

CARETAKER AUTHORIZATION RELEASE FORM

PATIENT NAME: _____ **SPECIES:** Avian Canine Feline Other
BREED: _____ **COLOR:** _____ **SEX:** F/FS M/MN

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Revised 9/2012