

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

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

CLIENT FULL NAME _____ PHONE (____) _____ - _____

MAILING ADDRESS _____ CITY _____ ZIP _____

EMPLOYER _____ WORK PHONE (____) _____ - _____

HAWAII DRIVERS LICENSE # _____

NAME OF SPOUSE _____

EMPLOYER _____ SPOUSE PHONE (____) _____ - _____

EMAIL ADDRESS _____ @ _____

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.

*****PLEASE PRESENT DRIVER'S LICENSE FOR IDENTIFICATION PURPOSES.***

SIGNATURE _____ DATE _____

*(**Please present identification when submitting this form)*

REFERRED BY: _____

PETS NAME _____ SPECIES _____ BREED _____ COLOR _____

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

CURRENTLY ON MEDICATION Y / N IF SO, WHAT MEDICATIONS? _____

BRIEF MEDICAL HISTORY _____