Haiku Veterinary Clinic, Inc.
Welcome to our Clinic!
Client Registration Form

Last Name: _____ **First Name:**_____ **Spouse/Relative:**_____

Address: _____ **City:** _____ **Sate:** _____**Zip:**_____

Phone Numbers: _____ _____ _____
Primary Secondary Spouse

E-Mail: _____ **Spouse's E-mail:**_____

Active Duty Military: _____ **Notes:** _____

Pet's Name: _____ **Breed:** _____ **Color:** _____

Type of Pet: ___ **Dog** ___**Cat** ___**Bird** ___ **Other:** _____ **Birth Date:** _____

Sex: ___ **Male** ___ **Female** ___ **Spayed/Neutered** **Microchip Number:** _____

Pet's Name: _____ **Breed:** _____ **Color:** _____

Type of Pet: _____ **Birth Date:** _____

Sex: Male _____ **Female** _____ **Spayed/Neutered** _____ **Microchip:** _____

Please sign the following authorization for treatment:
I hereby authorize the staff of Haiku Veterinary Clinic to render any treatment which is deemed necessary to my pet(s) health while in the custody of the hospital. I understand that in the event of unusual emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time of service rendered and a deposit is required for all pets admitted to the hospital.**

I (We) authorize HVC to obtain my pet(s) previous veterinary records from: _____

_____
Signature of Owner

Referred By: **Ko'olau Pets** _____ **Website** _____ **Google Ad** _____ **Other** _____