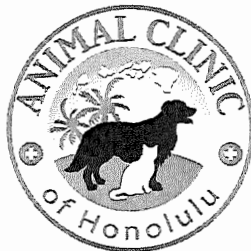


1048 Koko Head Ave.
Honolulu, HI 96816
Phone: (808) 734-0255
Fax: (808) 735-1937
www.animalclinicofhonolulu.com



Matthew Leara, DVM
Kristin Kunimoto, DVM
Karen Park, DVM

Client Information

We appreciate the opportunity to care for your pet.

Owner's Name _____
Address _____ City _____ State _____ Zip _____
Primary Phone # _____ (Home/Cell) Secondary Phone # _____ (Home/Cell)
Work # _____ Employer _____
Form of ID or SS # _____ Type _____ State _____

Additional Contact: (Spouse / Significant Other / Relative / Friend / Other)

Name _____
Address _____ City _____ State _____ Zip _____
Phone # _____ (Home/Cell) Employer _____
Form of ID or SS # _____ Type _____ State _____

Email Address: _____

Providing an email will give you with access to our online Demand Force where you will be able to view your pet's information such as vaccines, request prescription refills and schedule appointments. You will also be notified for our special promotions.

How did you hear about us? Referred by _____

Pet Name _____
Male Neutered: Y / N Female Spayed: Y / N
Birthday _____ Age _____
Dog / Cat Breed _____
Color _____
Microchip # _____
Medical Information _____

Pet Name _____
Male Neutered: Y / N Female Spayed: Y / N
Birthday _____ Age _____
Dog / Cat Breed _____
Color _____
Microchip # _____
Medical Information _____

**Please list any additional pets on the back*

Animal Clinic of Honolulu would love to share pictures of your pet on our social media networks (Websites / Facebook). If interested, please review the photo release information below.

I grant Animal Clinic of Honolulu, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Animal Clinic of Honolulu may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including publicity, illustration, advertising, and Web content.

- Yes, ACH may take photos of me and/or my pet
- No, ACH may NOT take photos of me and/or my pet

Signature & Date

***Professional fees are to be paid at the time service is rendered.**