



1347 KAPIOLANI BLVD. #101
HONOLULU, HAWAII 96814

PATIENT INTAKE FORM

CLIENT NAME: _____

HOME ADDRESS _____

PHONE NUMBERS: PRIMARY (____) _____ - _____

SECONDARY (____) _____ - _____

PET'S NAME: _____

CONCERN: _____

What symptom(s) is your pet demonstrating? _____

Do you have pictures or videos you wish to share? Please send them to our clinic email: contact@oahuvc.com with your pet's name and last name in the subject heading.

Please check one of the following:

_____ Please perform whatever services and treatments the doctor deems necessary for the best care of my pet. It is NOT necessary to contact me prior to these services and/or treatments.

_____ Please perform whatever services and treatments the doctor deems necessary up to the amount of \$_____. Any additional treatment beyond that amount, please contact me to discuss first.

_____ Please call me before any treatments are performed. I understand that this may prolong wait times and care for my pet.

CREDIT CARD INFORMATION

Name on card: _____

Card Number: _____

Exp: ____ / ____ CVV security code (3 or 4 digits): _____

I accept responsibility for all fees incurred during the treatment of my pet. I hereby release Oahu Veterinary Clinic LLC & its representatives from any and all liability for any injuries or illnesses incurred while my pet is in their care.

Signature of owner/responsible person _____ Date _____