



NEW CLIENT FORM

1347 KAPIOLANI BLVD. #101
HONOLULU, HI 96814

JOHN KAYA, DVM GAVIN GANZER, DVM HEIDI CHOY, DVM KENDRA ANTONIDES, DVM

WELCOME TO OAHU VETERINARY CLINIC

PRIMARY OWNER'S NAME _____,
(last) (first)

CO-OWNER/SPOUSE _____,
(last) (first)

HOME ADDRESS _____
(street no.) (zip code)

PHONE NUMBERS PRIMARY(_____) _____-_____ CO-OWNER (SECONDARY) (_____) _____-_____

EMAIL ADDRESS _____ @ _____

EMPLOYER _____ PHONE (_____) _____-_____

How did you hear about us?

Referral: _____ Online: _____ Other: _____
(Name of person) (Facebook, Instagram, Google, Yelp)

DOCTOR PREFERENCE: Dr. Kaya Dr. Ganzer Dr. Choy Dr. Antonides

PET'S NAME _____ DOG CAT OTHER _____
MALE FEMALE NEUTERED / SPAYED? YES NO DATE OF BIRTH/AGE _____

BREED _____ COLOR / MARKINGS _____
My pet is: INDOOR ONLY INDOOR / OUTDOOR OUTDOOR ONLY

Brand(s) of pet food: _____ Wet Dry Treats? _____

Flea/Tick Preventative: _____ None Heartworm Preventative: _____ None
(Nexgard, Trifexis, Cheristin, Advantix, Capstar, Sentinel, Revolution, Simparica, etc.) (Heartgard, Trifexis, Revolution, Simparica TRIO, Sentinel, etc.)

Has your pet ever shown aggression to family members, unfamiliar people, or other animals? Yes No

Last veterinary clinic seen/Date of last vaccinations: _____

Please check any symptoms or problems you've noticed with your pet:

- Increased/Decreased Appetite
- Behavioral Changes
- Coughing/Sneezing/Hacking
- Ear Disorders: _____
- Excessive Thirst and/or Urination
- Halitosis (Bad Breath)
- Skin Concerns/Fleas/Ticks
- Eye Disorders: _____
- Diarrhea
- Vomiting/Dry Heaving
- Limping
- Other: _____

How do you plan to pay for today's visit? Cash Check Credit Card

*I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. WE DO NOT BILL.** After carefully reading the above, I sign in agreement.*

Signature of pet owner/guardian _____ Date _____