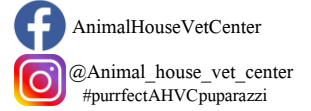




Animal House Vet Center  
 919-919 Fort Weaver Rd Suite #114  
 Ewa Beach, HI 96706  
 Tel:(808)689-1797 Fax:(808)689-4427  
 www.TheAnimalHouseVet.com



"The veterinarians that keep you close to home"

**New Client: Y/N**  
 (Circle one)

**Current Client New Pet: Y/N**  
 (Circle one)

**Changed information: Y/N**  
 (Circle one)

**Authorized Owner:** \_\_\_\_\_ **Secondary Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Best Points of Contact:**

NAME: _____ [ #1 ] ( _____ ) - _____ - _____	NAME: _____ [ #3 ] ( _____ ) - _____ - _____
NAME: _____ [ #2 ] ( _____ ) - _____ - _____	NAME: _____ [ #4 ] ( _____ ) - _____ - _____

Please write owners names next to their phone numbers

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Referred by** (Please "✓" all that apply) :  Phone Book  Our Website  Newcomers Welcome Service  Yelp  Social Media  Google/Yahoo/Bing ect.  Existing Client (name): \_\_\_\_\_

New Patient Name: _____	Dog: _____ Cat: _____	Other: _____
Breed: _____	DOB: _____	Age: _____
Color: _____	Sex: M / F	Spayed: Y / N <small>(FEMALE ONLY)</small>
		Neutered: Y / N <small>(MALE ONLY)</small>
New Patient Name: _____	Dog: _____ Cat: _____	Other: _____
Breed: _____	DOB: _____	Age: _____
Color: _____	Sex: M / F	Spayed: Y / N <small>(FEMALE ONLY)</small>
		Neutered: Y / N <small>(MALE ONLY)</small>
New Patient Name: _____	Dog: _____ Cat: _____	Other: _____
Breed: _____	DOB: _____	Age: _____
Color: _____	Sex: M / F	Spayed: Y / N <small>(FEMALE ONLY)</small>
		Neutered: Y / N <small>(MALE ONLY)</small>

*Please note, a "Cancellation/No show fee" of \$49 for missed doctors exams and \$10 for missed technician appointments will be applied to your account if we are not notified before the appointment time.*

**Anyone else authorized to order treatment or obtain patient information:**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
(Emergency contact)

**Authorization:** I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume all responsibility for all charges incurred in the care of the animal(s). I give my consent to Animal House Veterinary Center to post and use pictures of my pets on the internet (Facebook, webpage, etc.) or other marketing materials. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signature of owner(s) responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_