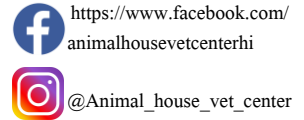




"The veterinarians that keep you close to home"

Animal House Vet Center
919-919 Fort Weaver Rd Suite #114 Ewa
Beach, HI 96706
Tel:(808)689-1797 Fax:(808)689-4427
Email: ahvc\_ewa@hotmail.com
https://theanimalhousevet.com/



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):

Table with 3 rows for patient information. Columns include: New Patient Name, Breed, Color, Dog, Cat, Other, DOB, Age, Sex: M / F, Spayed: Y / N (FEMALE ONLY), Neutered: Y / N (MALE ONLY).

Please note, a "Cancellation/No show fee" of \$65 for missed doctors exams and \$35 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: (Emergency contact) Phone: ( ) - -

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: