



"The veterinarians that keep you close to home."

Animal House Vet Center
91-919 Fort Weaver Rd Suite #114
Ewa Beach, HI 96706
Tel:(808)689-1797 Fax:(808)689-4427
www.TheAnimalHouseVet.com

New Client: Y / N
(circle one)

Current Client New Pet: Y / N

Changed Information: Y / N

Authorized Owner: _____

Spouse: _____

Address: _____ City: _____ State: _____ ZIP: _____

Best Points of Contact: (#1) (_____) - ____ - _____

(#2) (_____) - ____ - _____ (#3) (_____) - ____ - _____

Email: _____

Employer: _____

Work Phone: (_____) - ____ - _____

Referred by (please "✓" all that apply): ___ Phone book ___ Our Website ___ Newcomers Welcome Service
___ Yellowpages.com ___ Google, Yahoo, etc. ___ Existing client (name): _____

Table with 3 rows and 2 columns for patient information including Name, Breed, Color, Dog/Cat/Other, DOB, Age, Sex, Spayed, and Neutered.

Please note, a "Cancellation/No show fee" of \$46 for missed exams and \$50 for missed surgery 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 the 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: _____