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**Wailuku Pet Clinic**

1728 Kaahumanu Ave.  
Wailuku, HI 96793  
(808)-244-7275

New Patient/Client Information Form

**Client/Owner Information:**

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

Owner's Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you find us?: \_\_\_\_\_

Website[ ] Yellow pages[ ] Radio[ ] Other, please specify:

\_\_\_\_\_

**Patient/Pet Information:**

Pet Name: \_\_\_\_\_ Species: Canine[ ] Feline[ ]

Breed: \_\_\_\_\_

Sex: Male [ ] OR Female[ ] Spayed/Neutered: Yes [ ] No[ ] Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Color(s): \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip number \_\_\_\_\_ Tattoo

Number: \_\_\_\_\_

Last Veterinary visit: \_\_\_\_\_ Previous/Regular

Veterinarian: \_\_\_\_\_

Is your pet on monthly prevention for heartworms, fleas, and tic?:

\_\_\_\_\_

What is your pet in for today?:

\_\_\_\_\_

I, undersigned, assume financial responsibility for all charges incurred, and agree to pay all such

charges at the time services are rendered or as arranged prior to examination and or treatment.

Owner's Signature \_\_\_\_\_

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

Owner's Printed Name \_\_\_\_\_

*If you have a 2<sup>nd</sup> pet please fill out 2<sup>nd</sup> page but only the Patient Information section.*