



Wailuku Pet Clinic
Where Pets Count

Chad Lester D.V.M

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New Client and Patient Information Form

Date: _____

Client/Owner Information

Owner(s) Name: _____ Spouse: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Cell: _____

Spouse's Cell: _____ Emergency: _____

E-Mail Address: _____

How did you find us? Google/Online Search Website Facebook Saw our Clinic Radio Other: _____

If you were referred by a client, please tell us who so we may thank them! _____

Patient Information

Pet Name: _____ Date of Birth: _____ Age: _____

Species: Canine Feline Breed: _____

Male Neutered Female Spayed Color: _____

Has your pet been to another Veterinarian? **YES/NO** If so, where? _____

Date of Last Veterinary Visit: _____ Does your pet have a microchip/tattoo? **YES/NO** If so, number: _____

Previous health issues or Allergies: _____

Is your pet on any current medications or monthly prevention for heartworms, fleas, and tick? **YES/NO**

If so, what: _____

We love social media! We would like your consent to share your pets' image on our social media and website.

Your full name and personal information will never be used.

Yes, please make my pet a star!!

No thank you, my pet is shy

If you must cancel an appointment, we ask for 24 hours' notice. If cancelling a surgical appointment, we ask for 48 hours' notice.

I, undersigned, assume financial responsibility for all charge 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: _____

Please fill out the Patient Information section on another sheet if you have multiple pets. Thank you!