



# Makai Pet Hospital

Where We CARE For Your Pet

420 Uluniu St. Kailua, HI 96734 • (808)262-9621

## CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in the form completely.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

What is the best way to contact you?  Home  Cell  Email

Co-Owner

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us?  Internet Please specify which site: \_\_\_\_\_

Other Veterinary Clinic: \_\_\_\_\_

Referred by another client: \_\_\_\_\_

### AUTHORIZATION

I understand every effort will be made to achieve a successful outcome and to provide all possible safety in hospital care and handling. I agree to pay fees for all services rendered at the time the pet is discharged from the hospital. I agree to pay for the reasonable costs of the collection, attorney fees and court costs in the event that collection efforts become necessary. Unpaid accounts will be charged a 1.5% finance charge per month until balance is paid in full.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_