



WAHIAWA

PET HOSPITAL LLC
Your Neighborhood Vet

319 Cane St., Suite B, Wahiawa, HI 96786 • (808) 621-7000

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 _____