



WAIPAHU WAIKELE PET HOSPITAL

94-485 Koaki St. Waipahu, HI 96797 (808)671-PETS

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.

Thank you.

First Name _____ Last Name _____ DL# _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

What is the best number to contact you? Home Cell Work

Employer _____ Email Address _____

Spouse/Co-Owner _____ DL# _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Email Address _____

How did you learn of our clinic? Yellow Pages Internet/Website Referral **Regular Vet Clinic:**

If referred, by whom? _____

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 _____