



NEW CLIENT FORM

2764 WOODLAWN DRIVE
HONOLULU, HI 96822

JOHN KAYA, DVM CHEYENNE FRY, DVM KRISTIN DANG, DVM
ERIN KWOCK, DVM KRISTA ANN LEE, DVM

WELCOME TO MANOA VALLEY VETERINARY CLINIC

PRIMARY OWNER'S NAME _____, _____ SSN# _____ - _____ - _____
(last) (first) (only if paying w/ check)

CO-OWNER/SPOUSE _____, _____ SSN# _____ - _____ - _____
(last) (first) (only if paying w/ check)

HOME ADDRESS _____
(street no.) (zip code)

PHONE NUMBERS PRIMARY(_____) _____ - _____ CO-OWNER/SPOUSE(_____) _____ - _____
EMAIL ADDRESS _____ @ _____

EMPLOYER _____ PHONE (_____) _____ - _____

How did you hear about us?

Referral: _____ Online: _____ Other: _____
(Name of person) (Facebook, Instagram, Google, Yelp)

DOCTOR PREFERENCE: Dr. Kaya Dr. Fry Dr. Dang Dr. Kwock Dr. Lee

PET'S NAME _____ DOG CAT OTHER _____

MALE FEMALE NEUTERED / SPAYED? YES NO DATE OF BIRTH/AGE _____

BREED _____ COLOR / MARKINGS _____

My pet is: INDOOR ONLY INDOOR / OUTDOOR OUTDOOR ONLY

Brand(s) of pet food: _____ Wet Dry Treats? _____

Flea/Tick Preventative: _____ None Heartworm Preventative: _____ None
(Nexgard, Trifexis, Cheristin, Advantix, Capstar, Sentinel, Revolution, Simparica, etc.) (Heartgard, Trifexis, Revolution, Simparica TRIO, Sentinel, etc.)

Has your pet ever shown aggression to family members, unfamiliar people, or other animals? Yes No

Last veterinary clinic seen/Date of last vaccinations: _____

Please check any symptoms or problems you've noticed with your pet:

Increased/Decreased Appetite Excessive Thirst and/or Urination Diarrhea
 Behavioral Changes Halitosis (Bad Breath) Vomiting/Dry Heaving
 Coughing/Sneezing/Hacking Skin Concerns/Fleas/Ticks Limping
 Ear Disorders: _____ Eye Disorders: _____ Other: _____

How do you plan to pay for today's visit? Cash Check Credit Card

*I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. WE DO NOT BILL.** After carefully reading the above, I sign in agreement.*

Signature of pet owner/guardian _____ Date _____