OHANA Veterinary Hospital

WELCOME TO OUR OHANA!!

1414 DILLINGHAM BLVD #102-3
HONOLULU, HAWAII 96817

LISSA KAM, DVM | JENNIFER NISHIMURA, DVM | ERIN KOPERNA, DVM | JOHN KAYA, DVM

CLIENT INFORMATION

PRIMARY OWNER _____, _____
(last) (first)

TYPE OF ID _____ ID # _____ DOB _____

SECONDARY OWNER _____, _____
(last) (first)

TYPE OF ID _____ ID # _____ DOB _____

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

MAILING ADDRESS _____
(if different than above) (street no.) (zip code)

PHONE NUMBERS
PRIMARY OWNER (_____) _____-_____ Cell (_____) _____-_____ circle: home/work

SECONDARY OWNER (_____) _____-_____ Cell (_____) _____-_____ circle: home/work

EMAIL ADDRESS _____@_____

How did you hear about us? Referral (name)_____ Other:_____

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I am responsible 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.*** ****We accept Cash, Discover, Mastercard, Visa, JCB, Union Pay, American Express (person on card must be present)****

I grant permission for the release of any or all of the information contained in the medical record of my pet(s), listed above, to be given upon request to another veterinary practice.

After carefully reading the above, I sign in agreement.

_____ _____
Signature of owner/responsible person Date