OHANA
Veterinary
Hospital

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)

PATIENT INFORMATION

PET'S NAME _____ ☐ DOG ☐ CAT ☐ OTHER: _____

☐ MALE ☐ FEMALE ☐ UNKNOWN NEUTERED / SPAYED? ☐ YES ☐ NO

BIRTHDAY/AGE _____

BREED _____ COLOR / MARKINGS _____

ALLERGIES _____

MY PET IS: ☐ TOTALLY INDOORS ☐ INDOOR / OUTDOOR ☐ OUTDOOR ONLY

Has your pet ever aggressively bitten anyone? ☐ Yes ☐ No Bitten any animal? ☐ Yes ☐ No

Is your pet okay with other animals? ☐ Yes ☐ No

Last veterinary clinic seen/Date of last vaccinations: _____(if records aren't present)