



Welcome to Central Maui Animal Clinic

CLIENT INFORMATION FORM

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete this information sheet. Mahalo!

Name: _____ Spouse/Co-owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Driver's License/SSN: _____ E-mail address: _____

Employer: _____ Spouse's employer: _____

In case of EMERGENCY, please call: _____ Phone: _____

How did you first hear of our clinic? (please check one)

- An individual we may thank: _____
- Website
- Clinic sign
- Yellow pages
- Other (please specify): _____

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites.

I authorize the doctor to provide vaccines and parasite control as needed for my pet and affirm that the information I supplied above is correct.

Signature

Date

*Please note that professional fees are due at the time services are rendered.
At your request, we would gladly prepare a written estimate.*

PET INFORMATION

Please provide information for each of your pets. Mahalo.

	Pet Name:	Pet Name:	Pet Name:	Pet Name:
Species				
Breed				
Color/markings				
Date of Birth				
Sex (neutered/spayed)				
Length of time owned				
Vaccination history				
Medical history				
Type of grooming/flea control products use				
Indoor, outdoor or both				
Microchip/Tattoo #				