



Aloha

PET & BIRD HOSPITAL

Name: _____

Phone number: _____

Address: _____

Phone number: _____

City, State, Zip code _____

Additional person authorized to make financial and medical decisions: _____

How did you hear about us? _____

Patient name: _____

Species: _____
(canine, feline, avian, reptile, etc.)

Breed: _____

Date of birth/age: _____

Color: _____

Circle one: male - female - unknown

Is your pet spayed or neutered? _____

Record Release: I give permission to provide vaccine history or other medical history to boarding facilities, grooming salons, rescue organizations, Animal Enforcement and other veterinary hospitals upon request. In the event I transfer ownership, etc. to another party, I authorize release of medical information to the new owner, should they request it.

Client Signature

Professional fees are due at the time services are rendered:

I understand that I, as the owner or agent, am financially responsible to Aloha Pet & Bird Hospital for all charges relating to this patient. A written diagnostic/treatment plan will be provided upon request. By signing here, I am confirming that I am 18 years of age or older.

Client Signature

As leaders and teachers in the veterinary medical field, the veterinarians and staff of Aloha Pet & Bird Hospital may use medical case information for teaching, developing forms, providing continuing education, website and veterinary literature development, and social media updates. I authorize the release of case/patient information, including photographs for such purpose. Client and patient confidentiality will be maintained, and personal information will be kept secure.

Client Signature

Email reminders and more: I wish to sign up for a FREE Pet Portal, which allows me, 24-hour access to each pet's health information, the ability to communicate with us online, request prescription refills, appointments, and more. We do not share your email with any third parties.

Email address _____