



Aloha
PET & BIRD HOSPITAL

REFERRAL REGISTRATION FORM

Name: _____ Phone number: _____

Address: _____ Phone number: _____

City, State, Zip code _____ Additional person authorized to make financial and medical decisions: _____

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? _____

REFERRING VETERINARIAN INFORMATION:

Veterinarian: _____ Hospital/Clinic Name: _____

Referral Policy: You have been referred here by your primary care veterinarian for emergency and/or specialty care OR you were not directly referred but have a primary care veterinarian you will be returning to for routine care. Unless otherwise instructed, I fully authorize Aloha Pet & Bird Hospital to release any, or all, of my pet's medical records to my referring veterinarian. Please be aware that we will only treat your pet's problem. Under no circumstances will we accept your pet for future care (i.e. vaccines, routine care, etc..) unless once again referred by your veterinarian, or should an emergency arise. Your cooperation is appreciated.

I have read and understand the referral policy. 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