

**KAUAI VETERINARY CLINIC
1864 HALEUKANA ST.
LIHUE, HI 96766
(808)245-4748**

**CLIENT INFORMATION
(ADULTS OVER 18 YEARS ONLY)**

OWNER'S NAME _____ PHONE (____) _____ - _____

MAILING ADDRESS _____ CITY _____ ZIP _____

EMPLOYER _____ PHONE (____) _____ - _____

HAWAII DRIVERS LICENSE # _____ REFERRED BY _____

NAME OF SPOUSE _____

EMPLOYER _____ CELL PHONE (____) _____ - _____

PAYMENT DUE AT TIME OF VISIT VIA: CASH, VISA, MASTERCARD, OR LOCAL CHECK ONLY.
(A FEE OF \$25.00 ON ALL RETURNED CHECKS)

***I(WE), AGREE TO PAY THE AMOUNT DUE ON THE DAY IN WHICH THE INDEBTEDNESS WAS INCURRED. ANY AMOUNT NOT PAID WITHIN ONE WEEK SHALL BE CONSIDERED DELINQUENT.
IN THE EVENT OF A DELINQUENT ACCOUNT, KAUAI VETERINARY CLINIC HAS THE RIGHT TO PLACE THE ACCOUNT IN THE HANDS OF A COLLECTION AGENCY.***

SIGNATURE _____ DATE _____

PETS NAME _____ SPECIES _____ BREED _____ COLOR _____

DOB _____ SEX: FEMALE/SPAY MALE/NEUTER LAST VACCINE GIVEN _____

CURRENTLY ON MEDICATION _____ WHAT KIND _____

BRIEF MEDICAL HISTORY _____

KAUAI VETERINARY CLINIC
1864 HALEUKANA STREET
LIHUE, HI 96766
Ph. (808) 245-4748
Fax (808) 245-8690



The Standard of
Veterinary Excellence

CARETAKER AUTHORIZATION RELEASE FORM

PATIENT NAME: _____ **SPECIES:** Avian Canine Feline Other

BREED: _____ **COLOR:** _____ **SEX:** F/FS M/MN

(FOR MULTIPLE ANIMALS, PLEASE COMPLETE PAGE 2)

I, the undersigned owner, hereby designate Bark Bark Back Yard to be the
Caretaker's Name

authority of the animal(s) listed on this form. He/she may be reached at () _____
Phone Number

This authorization form will take effect as of ____/____/____ through ____/____/____.
Departure Date Return Date

I, the undersigned owner, hereby consent the Doctors and staff of Kauai Veterinary Clinic to the examination of the animal(s) listed on this form. I also agree that after consultation with me, the doctor may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian *before* the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment and I agree to pay for all related fees. I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care *before services are rendered* and during this animal's ongoing medical treatment.

If this animal is hospitalized, I agree to *pay a deposit of 50% of the estimated fees* and assume financial responsibility for the balance of all services rendered on a *Cash, Visa or Master Card, or Local Check* basis at the time the pet is discharged from the clinic.

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges after receiving written or oral notification that this animal is ready to be released from the clinic. I agree that if I fail to comply with this policy, Kauai Veterinary Clinic may handle this abandonment in the best interests of the animal and I will be responsible for all fees incurred.

Printed Name of Owner

X _____
Signature of Owner

_____/_____/_____
Date

I can be reached at these numbers:

() _____ OR () _____