



Surf Paws Animal Hospital LLC  
6600 Kalanianaʻole Hwy suite 117, Honolulu, Hawaii 96825  
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## New Client/Owner Information (Fillable and Printable PDF)

Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City: \_\_\_\_\_ State: **HI** \_\_\_\_\_ Zip Code: **96** \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Business #: (\_\_\_\_\_) \_\_\_\_\_

Other Responsible Party: \_\_\_\_\_ Contact #: (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

\* E-mail Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Who may we thank? \_\_\_\_\_

\* **Please note** – Email is optional. However, SPAH does send out a quarterly newsletter, seasonal promotions, and more importantly your pets 2<sup>nd</sup>/3<sup>rd</sup> PATIENT REMINDERS.

### Pet Information - Please use the **back** of the page for additional information.

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Pet's Gender: **MALE** Neutered? **Yes / No** **FEMALE** Spayed? **Yes / No**

Color and Markings: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Additional Pets: \_\_\_\_\_

Reason(s) for Visit: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_ Previous Veterinary: \_\_\_\_\_

**More on the back (optional)**

*I, the undersigned, agree to pay for all services at the time they are rendered.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*We accept Cash, Check, Visa, MasterCard, Amex, and Care Credit. A \$30.00 return fee will apply for returned/bounced checks. We will provide you with a written estimate of fees for any diagnostics, treatments, surgery or hospitalization. A deposit prior to treatment may be required depending upon the amount of the estimate.*

