



Surf Paws Animal Hospital LLC
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New Client/Owner Information (PRINT)

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 2nd/3rd 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.

