



Welcome to Central Maui Animal Clinic

CLIENT INFORMATION FORM

WWW.CENTRALMAUIANIMALCLINIC.COM

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete this information sheet. Mahalo!

Name: _____ Spouse/Co-owner: _____
 Spouses Cell: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____ Work: _____

E-mail address: _____

(By sharing your email address, you give us the opportunity to send you fun and informative monthly newsletters, plus keep you up to date on Annual Exams and vaccination reminders for your pet.)

Who is your current veterinary? _____

Who is your pet insurance provider? _____

How did you first hear of our clinic? (Please circle one)

Direct Release Program
 Maui Humane Society
 Website
 Yellow Pages
 Sign/Walk in
 Promo Mailers
 Radio Ad
 Friend
 Another Clinic

1ST PET

2ND PET

3RD PET

4TH PET

NAME				
SPECIES				
BREED				
SEX	MALE OR FEMALE	MALE OR FEMALE	MALE OR FEMALE	MALE OR FEMALE
SPAYED/NEUTERED	YES NO	YES NO	YES NO	YES NO
BIRTHDATE				
COLOR				
HEARTWORM PREVENTION				

WE ACCEPT VISA, MASTERCARD, DEBIT CARDS, CARE CREDIT, CHECK AND CASH. UPON REQUEST WE WILL BE HAPPY TO PROVIDE YOU WITH A ESTIMATE OF FEES FOR TREATMENT, SURGERY OR HOSPITALIZATION. A DEPOSIT PRIOR TO TREATMENT IS REQUIRED FOR PATIENTS THAT ARE BEING ADMITTED INTO THE HOSPITAL. PLEASE STOP AT THE FRONT DESK BEFORE LEAVING. THANK YOU!

SIGNATURE OF OWNER/SPOUSE: _____