CLIENT REGISTRATION

Mahalo for trusting Kahua Veterinary Rehabilitation & Acupuncture with the care of your pet! Please fill out the information below and email this form back to us at kahuavetrehab@gmail.com prior to your first consultation so that we may better accommodate you.

First Name _____ Last Name _____

Street Address _____ City/State/Zipcode_____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Employer _____

What is the best number to contact you? ☐ Home ☐ Cell ☐ Work

What is your preferred method of contact? ☐ Text ☐ Call ☐ Email *(While our primary correspondence is via email, you may receive a text or call regarding appointments if authorized.)*

Doctor Preference? ☐ No preference ☐ Dr. Melissa Shelley ☐ Dr. Meghan Barrett*
**Note that nutrition plan consultations are done with Dr. Meghan Barrett*

How did you learn about us? ☐ Internet/Website ☐ Referral by friend ☐ Referral by veterinarian

PATIENT INFORMATION

Pet's Name _____ Species _____ Breed _____

Age/Birthday _____

Where do you take your pet for primary veterinary care? _____

Were you referred to us by this hospital/veterinarian? ☐ Yes ☐ No If no, who referred you?

_____

Date of last veterinary exam/visit _____

What services are you interested in learning more about? ☐ Acupuncture ☐ Laser Therapy ☐ Extracorporeal Shockwave Therapy ☐ Home Exercise Program ☐ Nutrition Plan**with Dr. Barrett only*

☐ Other: _____

Is your pet currently on any medications/supplements?☐ Yes ☐ No If yes, please list all medications below. Include medication dose and frequency.

In your own words, please describe your pet's condition below. Please include how long this issue has occurred as well as any treatments or surgeries he/she has had for this condition.

AUTHORIZATION

By providing my electronic signature, I authorize Kahua Veterinary Rehabilitation & Acupuncture to provide treatment for my pet. I understand that every effort will be made to ensure the best care and safety during these treatments for myself, my pet, and the Kahua Veterinary staff. I agree to pay fees for all services rendered at time of treatment. I agree to pay for the reasonable costs of the collection, attorney fees and court costs in the event that collection efforts become necessary.

Signature _____ Date _____