



Aina Haina
PET HOSPITAL, INC.
Pets, People, Compassion

Client Registration Form

Welcome to Aina Haina Pet Hospital! Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take time to fill out this form completely.

Primary Owner: Dr. Mr. Mrs. Ms.

Last First Middle Initial

Street Address City Zip Code

Primary Contact Number: _____ Secondary Contact Number: _____

Email: _____ Occupation: _____

Spouse / Co-Owner: Dr. Mr. Mrs. Ms.

Last First Middle Initial

Primary Contact Number: _____ Secondary Contact Number: _____

Email: _____ Occupation: _____

How did you hear about us? Yelp Website Drive by Social Media Other: _____

Personal Referral: Whom may we thank? _____

Pet Information:

Pet's Name: _____ **Species:** _____ **Date of Birth:** _____

Sex: Male Female Spayed Neutered **Microchip Number:** _____

Breed: _____ Color/Markings: _____

Pre-existing Medical Condition: _____

Pet's Name: _____ **Species:** _____ **Date of Birth:** _____

Sex: Male Female Spayed Neutered **Microchip Number:** _____

Breed: _____ Color/Markings: _____

Pre-existing Medical Condition: _____

Financial Responsibility

This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for all services rendered in full, including attorney's fee and costs of collection in the event of default. I further understand that if a payment becomes past due, delinquency fees at the maximum allowable rate, will be due on delinquent amounts from the date the payment was due.

Print Name Signature of Primary Owner

Last 4 SSN # Date

Visit our website www.ainahainapethospital.com





Hospital Policies & Procedures

Appointment Cancellation & Rescheduling Policy

Effective April 1, 2015, we will be implementing an appointment cancellation policy. We understand that unplanned issues or emergencies may arise and that you may need to cancel an appointment. Due to this, we will forgive the **first occurrence**. However, after that we respectfully ask that scheduled appointments to be cancelled **at least 24 hours** in advance.

When a patient does not show up for a scheduled appointment, another patient loses the opportunity to be seen. Our doctors want to be available for your pet's needs and the needs of all our patients. If your scheduled appointment is not cancelled **at least 24 hours** of your appointment, we will be subject to **charging your account the full exam fee of \$52 for each occurrence**.

Notice of Privacy Practices

Rev. April 2015

This notice has been developed as a commitment to combine quality veterinary care with the highest level of respect and integrity to you and your pet's health information. This policy guides how we store and use information about clients and our patients. The privacy of your information is important to us at Aina Haina Pet Hospital ("AHPH"). Please review it carefully.

Uses and Disclosure of Health Information

Collection:

We do not sell or provide your information to entities outside Aina Haina Pet Hospital, Inc. Personal identification information will only be collected to the extent that AHPH deems reasonably necessary to service a legitimate business purpose.

Treatment:

We may use or disclose your pet's health history to another veterinarian providing treatment of your pet.

Protection of Information:

We maintain physical, electronic, and procedural safeguards that comply with the most current industry standards to protect your information from unauthorized access or use. We limit access to your personal and account information to those employees who need the information in order to provide you with necessary services. All employees are required to protect and maintain confidentiality of your information in accordance with our policies and procedures.

Required by Law:

We may disclose your pet's health history to law enforcement, when required to do so by law or in response to a subpoena or court order.

Access:

You have the right to get copies of your pet's health information with limited exceptions. You must make the request in writing. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want the copies mailed to you.

Right to Notification of a Breach:

You will receive notifications of breaches of your health information as required by law.

We reserve the right to modify our privacy practices and the terms of this Notice at any time. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of this new Notice upon request.

By signing below, I have read and understand the policies of appointment cancellation, rescheduling policy, and Privacy Policy Notice. I acknowledge Aina Haina Pet Hospital, Inc. is committed to my privacy.

Signature

Date

Printed Name

Mahalo for being a valued client and for your understanding and cooperation as we implement this policy. This policy is to ensure fairness and respect to other clients and to better serve the needs of all our patients.