

## Welcome to Kahu Pets 808 LLC!

Date:	Owners' Name:					
Phone #/ Email:						
Address:						
Employer:						
Emergency con	tact for pet:					
Pet History						
Pets' Name:	Breed:	DOB:				
Color/Markings	:					
Sex: M/F	Spayed/Neutered: Y/N	Microchip #:				
Medications/Su	ipplimets:					
Vaccine History	: Canine Distemper:	Canine Leptospirosis:				
Canine Bordetella: Canine Lyme: Feline RCP:						
Feline Leukemi	a:					
Feeding Instructions:						
Aggressions (If a	any):					
Veterinarian/Ad	ldress/Number:					
Permission to u	se pets' photos on Kahu Pets	Facebook? Y N				
Owners' Signat	ure:					