



Forms / Documents

Please complete the following forms before your visit.

- ① **AGREEMENT** (診察同意書)
- ② **REGISTRATION FORM** (初診登録)
- ③ **MEDICAL QUESTIONNAIRE** (問診票)

Download or Fill Online



AGREEMENT

JUTOKUKAI Hospitalization / Boarding Agreement

To : Dr. Yoshinori HARA
Director, JUTOKUKAI

Purpose

This agreement outlines the terms and conditions for hospitalization or boarding, as well as the hospital's treatment policies.

1. Limitation of Liability

The hospital shall not be held liable for injury, death, or escape resulting from:

- the animal's inherent condition or temperament
- unforeseen accidents or disasters
- circumstances beyond reasonable veterinary control
- other unavoidable situations

2. Treatment During Stay

The hospital may initiate appropriate treatment without prior consent if:

- vaccination history within the past year cannot be confirmed
- new or worsening symptoms are observed

3. Owner Responsibilities

The owner agrees to:

- follow the hospital's schedule for drop-off, visitation, and pick-up
- maintain proper control of the animal at all times

4. Inability to Contact Owner

If the owner cannot be reached for more than 30 days, the hospital reserves the right to make necessary decisions regarding the animal's care.

5. Payment

Fees will be billed on a weekly basis.

Failure to make payment may be interpreted as consent to the hospital's actions under Section 4.

6. Deposit

Deposit Amount: ¥ _____

Owner Signature: _____

Date: ____ / ____ / ____

Owner Information

Name _____

Address _____

Phone (Home) _____

Phone (Mobile) _____

Email _____

Pet Information

Species: Dog / Cat

Breed _____

Color _____

Name _____

Sex: M / F

Date of Birth (YYYY/MM/DD) ____ / ____ / ____

Neutered/Spayed: Y / N



REGISTRATION FORM

Please print clearly.

This form must be completed before any consultation or treatment.

Owner Information

Name _____

Address _____

Phone (Home) _____ Phone (Mobile) _____

Phone (Work) _____ Email _____

Pet Information

Species: Dog / Cat / Other (_____) Breed _____ Color _____

Name _____

Sex: M / F Date of Birth (YYYY/MM/DD) ____ / ____ / ____

Neutered/Spayed: Y / N

Referred by _____

AGREEMENT

To: Dr. Yoshinori Hara
Director, JUTOKUKAI

I, the undersigned (owner or authorized agent), request examination and treatment for my animal. I understand that veterinary care involves inherent risks, and I will not hold the veterinarian or hospital liable for unforeseen complications arising despite appropriate care and accepted veterinary practices. I acknowledge that my animal may experience adverse reactions to medications, and I agree not to hold the veterinarian or hospital responsible for such reactions.

I agree to pay all fees associated with treatment, including any required deposit, and to settle the remaining balance by the due date.

If my animal has not been vaccinated within the past year, I authorize the veterinarian to administer necessary vaccinations.

Deposit: ¥ _____

Signature _____ Date ____ / ____ / ____



MEDICAL QUESTIONNAIRE

Please complete or circle the appropriate answers.

Owner Name _____ Pet Name _____
Species _____ Sex: M / F Neutered/Spayed: Y / N
Date of Birth (YYYY/MM/DD) ____ / ____ / ____

1. Reason for Today's Visit

Please describe your pet's symptoms and when they started.

2. Previous Veterinary Visits

Has your pet been seen by another veterinarian for this issue? Y / N

3. Medical Records

If yes, do you have medical records? Y / N

Treatment period: From ____ to ____

Clinic name _____

4. History

Date of birth (if unknown, approximate): ____ / ____ / ____

When did you start caring for this pet? ____ / ____ / ____

5. Medication History

Has your pet ever had any side effects from medications? Y / N

6. Vaccination Status

Is your pet up to date on vaccinations? Y / N

Most recent vaccination date: ____ / ____ / ____

Vaccine type _____

7. Rabies Vaccination (Dogs Only)

None / Yes (Date: ____ / ____ / ____)

8. Adverse Reactions

Any known reactions to vaccines or medications?

9. Heartworm Prevention

Yes / No / Not sure

10. Neutering/Spaying

Y / N If yes, date: ____ / ____ / ____

11. Living Environment

Indoor (%) / Outdoor (%)

12. How did you hear about us?

Website / Friend (Name:) / Other ()

13. Additional Comments