



10310 Central Valley Rd NE
Poulsbo WA 98370
360-930-5142

PATIENT/CLIENT INFORMATION

Welcome. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Name/Title _____ Spouse/other _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Home Phone(_____) _____ Work Phone(_____) _____

Cell Phone (_____) _____ Spouse/Other Cell Phone(_____) _____

Email Address _____ Spouse/Other Email _____

Employer _____ Employer Telephone (_____) _____

Spouse's Employer _____ Employer Telephone (_____) _____

Your Driver's License Number _____ State _____ Senior Citizen (65 years +) _____

In case of EMERGENCY, please call _____ @ Telephone (_____) _____

How do you prefer to be notified of reminders? Phone message _____ Email _____ Post Card _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign _____ Phone Book _____ Newspaper _____ Website _____

Referred by _____

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We accept cash, debit cards, VISA, MasterCard, Discover Card and Care Credit.

*****AUTHORIZATION*****

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the below described pets. I assume full responsibility for all charges insured for the care of my pets. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date: _____

Please List Individual Pet Information on the next page.

Last Updated Friday September 26, 2014



ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
NAME			
Cat or Dog?			
Breed			
Description/color			
Age			
Date of Birth			
Sex/Altered?			
Length of Time Owned			
How Obtained?			
Previous Hospital/Vet			
Microchip #			
Vaccinations			
DHPP/DHLPP			
Bordetella			
Rabies			
FVRCP			
FELV			
Any Other Vaccines?			
Groomer			
Kennel			
Current Medications			
Special Diet			
Prior Illness/Accidents			
Prior Surgery/Dentistry			

Details

Please tell us of any other information we should have to best assist you and your pets.