

# WELCOME TO PACIFIC NORTHWEST VETERINARY HOSPITAL

**Thank you for choosing Pacific Northwest Veterinary Hospital for your pet's veterinary needs. We feel that communication is a vital part of your pet's care. Please take a few moments to fill out these forms.**

## CLIENT REGISTRATION

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_  
Last First Spouse/Partner/Co-Owner

Telephone Number(s) \_\_\_\_\_  
Home Cell

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical P.O. Box

Referred by: \_\_\_\_\_  
Name/Yellow Pages/Ad

Employer: \_\_\_\_\_  
Name Address Telephone Number

Spouse's/Partner's Employer: \_\_\_\_\_  
Name Address Telephone Number

Alternate Contact: \_\_\_\_\_  
Name of a friend or relative not living with you Telephone Number

### **PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED**

- In admitting my/our pet for diagnostics, treatment, or surgery, I/we authorize the veterinarian of Pacific Northwest Veterinary Hospital and their support staff, to administer such treatment and/or perform diagnostic and surgical procedures as deemed necessary. I/we agree to hold harmless Pacific Northwest Veterinary Hospital for any outcome resulting from said medical treatment or surgeries.
- It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.
- Further, if the charges are for an emergency, I/we understand that Pacific Northwest Veterinary Hospital is unable to offer payment plans or delayed billing. Payment is required at the time that services are provided. Pacific Northwest Veterinary Hospital accepts payment in the form of cash, Visa, MasterCard, Discover Card, Debit Card and Care Credit. If your pet needs to be hospitalized, a deposit of 75 percent of the estimated charges is required before services are performed and I/we assume full financial responsibility for all charges incurred by my/our pet. I/we realize that these charges may exceed a given estimate if complications arise. I/we understand that I/we will be contacted prior to treatment, if possible, should complications occur.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Co-Owner's Signature

# PATIENT REGISTRATION

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dog Cat

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth date (approx. if unknown): \_\_\_\_\_  Male  Neutered  Female  Spayed

Color/Markings: \_\_\_\_\_ Identification: \_\_\_\_\_

**Vaccination history (please check those that apply and provide the date of last vaccination)**

Rabies \_\_\_\_\_  Parvo \_\_\_\_\_  Distemper Combo \_\_\_\_\_  
Date Date Date

FIV/Felv Combo Test  negative  positive \_\_\_\_\_  Feline Leukemia \_\_\_\_\_  
Date Date

\* \* \* \* \*

Dog Cat Other \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth date (approx. if unknown): \_\_\_\_\_  Male  Neutered  Female  Spayed

Color/Markings: \_\_\_\_\_ Identification (Microchip): \_\_\_\_\_

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Date Date Date

FIV/Felv Combo Test  negative  positive \_\_\_\_\_  Feline Leukemia \_\_\_\_\_  
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