



CLIENT INFORMATION

Owner

Last name: _____ First Name: _____ Occupation: _____

Co-owner

Last name: _____ First name: _____ Occupation: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary: (____) _____ Secondary: (____) _____ Third: (____) _____

Email: _____

Preferred method of contact (circle one)? email phone call

How did you hear about us? _____

Personal recommendation: ____ If so, who can we thank? _____

How much information do you want to be given about your pet's health?

- I want a full explanation—anything and everything.
- I want a brief explanation—just the important stuff.
- I just want to know if there's anything I need to do—keep it simple.

Do you give the staff of Pine Tree Veterinary Hospital permission to take photographs of you and/or your pet(s) to use on our website and facebook? Yes No Other: _____

**Don't forget to also fill out
a New Patient form for each of your pets!**

This form can be faxed to us at 425-947-9832
or scanned and emailed to pinetreeveterinaryhospital@gmail.com
or brought in with you for your first appointment.

**Professional Fees are to be paid at time of services.
For your convenience we accept Cash, Check, Debit, Visa, Mastercard, Discover,
American Express, and Carecredit. Returned checks are subject to a \$35.00 fee.**

Signature _____ Date _____