



CLIENT INFORMATION

Owner

Last name: _____ First Name: _____ Phone:(____) _____

Email address: _____

Preferred method of contact (circle one)? Email Phone call

Co-owner

Last name: _____ First name: _____ Phone:(____) _____

Email address: _____

Preferred method of contact (circle one)? Email Phone call

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Shipping Address, if different: _____

City: _____ State: _____ ZIP: _____

Emergency Contact Name: _____ Phone:(____) _____

How did you hear about us? _____

If personal recommendation, 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 509-505-0251, emailed to pinetreehospital@gmail.com or brought in with you for your first appointment.

Payment is due at time of service.

For your convenience we accept Cash, Check, Debit, Visa, Mastercard, Discover, American Express, Carecredit, Scratchpay. Returned checks are subject to a \$35.00 fee.

I am 18 years of age or older and assume all responsibility for all charges incurred in the care of the animal(s).

Signature _____ Date _____