



CLIENT INFORMATION

Owner

Last name: _____ First Name: _____ Occupation: _____

Co-owner

Last name: _____ First name: _____ Occupation: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Shipping Address, if different: _____

City: _____ State: _____ ZIP: _____

Primary phone: (_____) _____ Secondary phone: (_____) _____

Co-owner phone: (_____) _____

Email address: _____

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

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.

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 _____