



**Pet's Name:** \_\_\_\_\_



# Patient Information Form

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Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed(s): \_\_\_\_\_ Color(s): \_\_\_\_\_

Sex: Male / Female      Spayed or Neutered? Yes / No      Species: Dog / Cat      Microchipped? Yes / No

Does your pet have any allergies, special medication, previous diagnoses or health problems that we should know about? Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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## Additional Pet Information: (optional)

Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed(s): \_\_\_\_\_ Color(s): \_\_\_\_\_

Sex: Male / Female      Spayed or Neutered? Yes / No      Species: Dog / Cat      Microchipped? Yes / No

Does your pet have any allergies, special medication, previous diagnoses or health problems that we should know about? Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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Providing a high quality of care is the goal of our practice. If your pet needs to be hospitalized, you will receive an treatment plan with an approximation of charges. ***Full Payment is required at time of services rendered.*** We accept cash and major credit cards.

We also offer a flexible payment option called **CareCredit and Scratch**. \*Subject to credit approval. Minimum monthly payments required.

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**My signature below serves as agreement to the following:**

***"I confirm the information I provided is true and accurate. I am responsible for all charges incurred by my pet while in the care of the doctors and staff at Tumwater Veterinary Hospital, and these charges are due and payable at the time of services. I agree to pay for services rendered at the time the pet is discharged from the hospital."***

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**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_