

New Client & Patient Form

Hospital			Today's Date:		
		Pet's Name:			
Primary Owner Infori	mation				
First Name:		Last Name:			
		Number: DOB:		DOB:	
*(Red	quired)		* (Required)		
Address:				-	
Street Number/Name		City, State	Zip Code	ext.	
Phone: Cell			Home		
E-Mail:					
Secondary Owner:			Phone:		
Relationship to Primary O	wner:				
Do you have pet insuranc	e? Yes / No		If yes, which company?		
★ I authorize Tumw	ater Veterinary Hospita	al to post picture	s of my pet(s) on social n	media: Yes / No ★	
Additional Member (o	ptional)				
First Name:		Last Name	:		
Relationship to Primary O)wner:				
Phone Number:					
Do you authorize the add	litional member to seek er(s) are not available:		ent, pick up medication, a	and drop off for appt	

"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. <u>I agree to pay for services rendered at the time the pet is discharged from the</u> hospital."

*Signature:	Date:

Pet Information Form →



*Signature:

Patient Information Form

Hospital	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, pre	evious diagnoses or healt	h problems that we should	
know about? Yes / No				
f yes, please explain:				
Additional Pet Infor	mation: (optional)			
Pet's Name:		Age/DOB	t	
Breed(s) :		Color(s) :		
Sex: Male / Female	Spayed or Neutered? Yes / No	Species: Dog / Cat	Microchipped? Yes / No	
Providing a high quality	of care is the goal of our practice.	If your pet needs to be ho	ospitalized, you will receive	
an treatment plan with We accept cash and ma	an approximation of charges. <i>Full</i> jor credit cards.	Payment is required at ti	me of services rendered.	
	payment option called CareCredit	and Scratch. *Subject to	credit approval. Minimum	
We also offer a flexible monthly payments requ				

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Revised: 3/31/25 CB&MEJ

Date: