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CLIENT/PATIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Your Name _____ Spouse/Co-Owner's Name _____

Your Address _____ City _____ State _____ Zip _____

Home Phone _____

Cell Phone #1 _____ Whose cell phone is this (so we know who we're calling)? _____

Cell Phone #2 _____ Whose cell phone is this (so we know who we're calling)? _____

Text Message # (for updates on your pet during a hospital stay) _____

E-Mail (for reminders and hospital updates) _____

Your Employer _____ Occupation _____

Emergency Contact _____ Phone # _____

PLEASE NOTE THAT ALL FEES ARE DUE WHEN SERVICES ARE RENDERED. We accept cash, personal checks, and all major credit and debit cards. If you desire, we can keep your credit card number in a secure file for future use. We also offer payment plans through Care Credit. Please inquire with the receptionist about these options.

How did you *first* learn of Companion Veterinary Hospital?

- Personal Recommendation (whom may we thank?) _____
 Hospital Sign/Drove By Other Veterinarian Google Yelp Facebook NextDoor
 Animal Services/Humane Society Other _____

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Species (cat, dog, rabbit, etc.)			
Breed			
Color			
Date of birth (or approximate age)			
Sex (M/F)—Neutered or Spayed?			
Microchip ID number			

In the event that my check is dishonored by my bank, I authorize Companion Veterinary Hospital or its agent to initiate an electronic debit to my account for the amount of the check plus a fee of \$25.00 or the legal maximum, whichever is greater. This authorization remains in force unless cancelled by calling (866) 400-2435 within a reasonable time to act upon request. I understand that Companion Veterinary Hospital reserves the right to charge a missed appointment fee on cancellations with less than 24 hours notice.

Signature of Pet Owner/Agent _____ **Date** _____