Client and Patient Registration Form

Client Information

Name: _____ **Spouse/Co-owner**: _____

Address: _____ **Apt.#**: _____

City: _____ **State**: _____ **Zip**: _____ **How Long?** _____

Phone: [H] _____ [Work] _____

[Cell 1] _____ [Cell 2] _____

Driver License #: _____ **DOB**: _____/_____/_____

E-Mail: _____

Employer: _____ **Dept/Shop**:_____

Former Veterinary Hospital: _____

Name of Pet(s) _____

Date of Pets' Last Exam _____

Please tell us how you heard about our hospital: Phone Book _____ Website _____ Driving By _____ Referred by: _____

Payment Policy: Full payment is due at the time services are rendered. Acceptable forms of payment are: Cash, Personal Check, Credit or Debit Card and Care Credit (We can obtain same day approval). Any balance that becomes over 30 days past due may incur a finance charge of $3.00 per month. **Initials**: _____

Cancellation Policy: KVH works by appointments only. Therefore, we do require a 24 hour notice for changes or cancellation of appointments. A cancellation fee of $56.50 may be assessed.
Initials: _____

I am 18 years of age or older and I have read and agree to the policies as stated above. I authorize Kitsap Veterinary Hospital to treat my pet. I understand that I may request a written estimate at any time and agree that full payment will be made at the time of service.

Signature: _____ Date: _____/_____/_____