



East Padden
Animal Hospital

8611 NE Ward Rd. # 115 Vancouver, WA 98682
(360) 892-1500

WELCOME!

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other Phone # _____

Employment _____ Spouse's Employment _____

Email _____

Do you have pet insurance? _____ Which Company _____

How did you become aware of our clinic? _____ Referral Name _____

Patient Info	Pet #1		Pet #2		Pet #3	
Name						
Species	Dog	Cat	Dog	Cat	Dog	Cat
Breed						
Date of Birth						
Color						
Sex	Male	Female	Male	Female	Male	Female
Spayed or Neutered?						
Last Vaccination Date						
Previous Vet						

Payment in full is required at time service is rendered.
Which form(s) of payment will you use? (Check all that will apply)

Cash Visa MasterCard American Express Debit/ATM Care Credit

We are unable to accept checks.

Release and Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume financial responsibility for all charges incurred. I understand that I will be given an explanation of necessary procedures and an estimate of costs prior to incurring any expense greater than \$150.00 total unless I request otherwise. I also understand that all charges must be paid in full at the time of discharge.

Signature _____ Date _____