



East Padden Animal Hospital

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

WELCOME!

*Thank you for giving our hospital the opportunity to care for your pet.
So that we may be better able to meet your needs, please complete the following.*

Date _____

New Client Information

Name _____ Driver's License# _____ DOB _____

Spouse's Name _____ Driver's License# _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Spouse's Cell _____

Email _____

Would you like us to email you your pet's labwork/medical records? Yes No

How would you prefer your pet's reminders sent? Email United States Postal Service Mail

Employment _____ Spouse's Employment _____

If necessary may we call you at work? Yes No Work # _____ Spouse's Work _____

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

Patient Info	Pet #1	Pet #2	Pet #3
Name			
Species	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Breed			
Date of Birth			
Color			
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Spayed or Neutered?			
Last Vaccination Date			
Previous Vet			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

What do you feed your pet? _____

We hope you are pleased with our services.

We would appreciate your letting us know how we might improve them.

Release and Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s).

I assume responsibility for all charges incurred in the care of this/ these animals. I also understand that

PAYMENT IN FULL MUST BE MADE AT THE TIME OF DISCHARGE OF THE ANIMAL FROM THE HOSPITAL.

If, after (5) days from the date of written notice, the animal is not picked up it will be considered abandoned and may be humanely euthanized, adopted out or disposed of in any manner deemed appropriate by East Padden Animal Hospital.

*It is understood that this does not relieve me from paying all of the fees for services,
use of hospital, cost of keeping the animal, or collection fees.*

Advanced minimum deposit of half of your estimate is expected from you for all after-hour calls and for animals left in the clinic for treatment or diagnostics. This also applies to extensive treatment of severely ill patients or boarders staying longer than one week unless prior arrangements have been made.

All information I have provided here is true to the best of my knowledge.

I have read and understand payment and release forms.

Signature _____ Date _____

Email: info@eastpaddenanimalhospital.com

Fax: 360-892-6159