



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: \_\_\_\_\_

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)

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_