



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: _____ / _____ / _____