

**Animal Hospital of Pasco**3012 N Road 92
Pasco, WA 99301(509) 545-9949
www.pascovets.com**Client Information Sheet**Form P-101
Rev. 5/26/2016**STAFF: GREEN**

Thank you for giving the Animal Hospital of Pasco the opportunity to care for your pet. Please complete this form so that we may become better acquainted or update out-dated information. Please be sure to print clearly.

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|---|--|-------------------------|--------------------|------------------------|----------|
| Your first name and initial | | Last name | | Home phone | |
| Your date of birth (MM/DD/YYYY) | | Driver's license number | | Social security number | |
| Place of employment | | | | Work phone | |
| Your email address | | | | Cell phone | |
| Home address (number and street) | | | | | Apt. no. |
| City, town or post office | | | State | ZIP code | |
| Spouse's first name and initial, leave blank if none | | | Spouse's last name | | |
| Spouse's place of employment | | | | Spouse's work phone | |
| How did you hear about our office? | | | | | |
| <input type="checkbox"/> Phone book <input type="checkbox"/> Internet search <input type="checkbox"/> My friend/relative comes here <input type="checkbox"/> Referral by another vet <input type="checkbox"/> Saw office while driving <input type="checkbox"/> Recommended by farrier/breeder/groomer <input type="checkbox"/> Recommended by shelter/pet store <input type="checkbox"/> I've been here before <input type="checkbox"/> Other | | | | | |

General advisories:

Outside of regular business hours there may be periods during which no staff are on the premises to monitor hospitalized patients. The Animal Hospital of Pasco may be unable to dispense medications for patients who were last seen over one year ago. A finance charge is applied to all accounts unpaid after 30 days. Finance charge is computed by a periodic rate of 1.5% per month which is the annual percentage rate of 18.00%. Minimum charge is \$1.50.

I understand and agree to the following:

The Animal Hospital of Pasco may provide my basic contact information (typically consisting of first name and telephone number) to someone who has found and identified my lost pet by its rabies tag or microchip code.

I certify that I am at least 18 years of age. I understand that the Animal Hospital of Pasco, P.S. cannot render services or dispense medications to individuals under the age of 18. I am responsible for charges incurred by my spouse or authorized agent(s).

In consideration of Animal Hospital of Pasco, P.S. accepting my pet for anesthesia/surgery/medical treatment/diagnostic testing, I do hereby release, discharge, and waive any claims, demands, and/or actions against Animal Hospital of Pasco, P.S., its agents, employees, officers, and insurers arising from or relating to injury, illness, or death that may occur during the period of hospitalization. I understand that all charges must be paid in full at the time of service and/or discharge.

By my signature below, I certify the information I have provided on this form is true, accurate, and complete.

Signature

Date