



HEALTHY PETS ANIMAL HOSPITAL
 OLY CATS VETERINARY HOSPITAL
 2022 4TH AVE. EAST / 106 WILSON STREET NE
 OLYMPIA, WA 98506
 (HP) 360.943.8900 * (OLY) 360.584.9901



NEW CLIENT REGISTRATION FORM

CLIENT INFORMATION

First Name: _____ Last Name: _____ Email Address: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Home Phone Number: _____ Cell Phone Number: _____
 Place of Employment: _____ Work Phone Number: _____
 Alternate Contact Name: _____ Phone Number: _____

PET INFORMATION

NAME OF PET:	BREED:
SPECIES:	MALE FEMALE SPAYED / NEUTERED
COLOR	BIRTHDAY OR APPROX. AGE:
MICROCHIP: YES NO	MICROCHIP NUMBER:
HEARTWORM PREVENTION: YES NO	FLEA / TICK PREVENTION: YES NO
PRODUCT USED: _____ LAST HEARTWORM TEST: _____	PRODUCT(S) USED: _____ _____
VACCINE INFORMATION DOG: RV: _____ DHPP: _____ BORD: _____ LYME: _____ INFLUENZA: _____ LEPTO: _____ OTHER: _____	VACCINE INFORMATION CAT: FVRCP: _____ FELV: _____ RV: _____ OTHER: _____

PHOTO CONSENT: We love social media. Do we have your permission to share your pet(s) image and story on social media, our website and other forms of related media? Your personal information will not be shared.

_____ Yes, I authorize to share my pet’s photo and story _____ No, I DO NOT authorize this

TREATMENT CONSENT: I hereby authorize the veterinarian to examine, prescribe for or treat the above listed pet(s). I assume financial responsibility for all charges incurred in the care of the pet(s). Payment is ALWAYS due IN FULL at the time of service. Accounts over 30 days delinquency will be assessed a **finance charge of 1.5% and a Statement Billing Fee of \$2.00**. In the event of default of payment and/or failure to pay, I agree to pay the costs of collection including court costs and reasonable attorney fees to be determined by a court of law.

We require a 50% deposit for all Exam Appointments and a 50% deposit for all Surgery/Dental Appointments. The deposit will be refunded if the appointment is cancelled prior to 48 hours of the scheduled appointment.

SIGNATURE OF OWNER: _____

DATE: _____

Entered by: _____