



Welcome to Hawks Prairie Veterinary Hospital!
 8919 Martin Way E Lacey, WA 98516

Name (First) _____ (Last) _____
 Mailing Address _____
 City: _____ State _____ Zip code _____
 Phone (Home) _____ (Cell) _____
 Best place to call: Home _____ Work _____ Cell _____ Best time: AM _____ PM _____
 Place of Employment: _____
 Work Number: _____ May we contact you at work? YES NO (if no do not provide #)
 Spouse's Name: (First) _____ (Last) _____
 Email address: _____
 (for hospital use only- we do not share e-mail addresses)

Pet Health History

Do you want our clinic to send Vaccine reminders for your pets? Yes _____ No _____
 (If yes please provide previous health history for your pet or contact information for your previous veterinarian.) Clinic name and phone number: _____

<u>Name</u>	<u>Species</u> Dog, cat, bird, etc.	<u>Male or</u> <u>Female</u>	<u>Spayed or</u> <u>Neutered</u> ("fixed")	<u>Breed</u>	<u>Color</u>	<u>Birthday</u> <u>or age</u>

How did you learn of our clinic? _____

For non-urgent information about your pet would you prefer to be contacted by:
 Phone _____ E-mail _____

DO YOU QUALIFY FOR A DISCOUNT? Military-Active/Retired _____ Senior citizen 60yrs. + _____
 (If so please have I.D ready for verification)

Payment for service is expected today unless prior arrangements have been made.
WE ACCEPT THE FOLLOWING FORMS OF PAYMENT:
VISA, MASTERCARD, CARE-CREDIT, CHECK & CASH
