



# Hawks Prairie Veterinary Hospital

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

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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/Other Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Email address: \_\_\_\_\_

(For hospital use only- we do not share e-mail addresses)

## Pet Health History

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

How did you learn of our clinic? \_\_\_\_\_

Would you like the staff at Hawks Prairie Veterinary Hospital to release pertinent information to groomers, boarding facilities or other veterinary hospitals when needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there anyone authorized to seek treatment for your pet? If yes list below:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

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**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, AM/EX, CARE-CREDIT, CHECK & CASH**

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**For Office use:** Client # \_\_\_\_\_ Sent T/U \_\_\_\_\_