



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

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

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ OK to Receive Texts?  Y  N

Best number to call first? Home Cell Other \_\_\_\_\_

Place of Employment: \_\_\_\_\_

May we contact you at work?  YES  NO (if no, do not provide #) Work Number: \_\_\_\_\_

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

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

### Pet Information

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

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

Has your pet been seen at another clinic? If so, please provide hospital name: \_\_\_\_\_

Do you have pet insurance for your pet?  YES  NO (If yes, please provide us with a blank claim form).

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: \_\_\_\_\_

**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**

**For Office Use:** Client # \_\_\_\_\_ Input Info \_\_\_\_\_ Sent T/U \_\_\_\_\_ Double checked/Ready to scan