



Welcome to the Pet Doctor

11419 Bridgeport Way SW Lakewood, WA 98499
(253)588-1851 Fax (253)581-2376

NEW PATIENT REGISTRATION

Your Name: _____ Co-Owner: _____

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Mailing Address: _____ City: _____ Zip Code: _____

E-mail Address: _____ Preferred method of contact: _____

Does anyone in your household have any allergies we should be aware of (ex. peanuts, latex, or antibiotics) _____

****For example: If there is a peanut allergy we will refrain from giving your pet peanut butter****

PET INFORMATION

1st Pet's Name: _____ Breed: _____ Color: _____

Date of Birth/Age: _____ Male: _____ Neutered? Yes / No Female: _____ Spayed? Yes / No Microchipped? _____

Allergies or ongoing medical condition: _____

2nd Pet's Name: _____ Breed: _____ Color: _____

Date of Birth/Age: _____ Male: _____ Neutered? Yes / No Female: _____ Spayed? Yes / No Microchipped? _____

Allergies or ongoing medical condition: _____

3rd Pet's Name: _____ Breed: _____ Color: _____

Date of Birth/Age: _____ Male: _____ Neutered? Yes / No Female: _____ Spayed? Yes / No Microchipped? _____

Allergies or ongoing medical condition: _____

Previous Veterinarian/Clinic: _____

Who can we thank for referring you to us? _____

Do you give us permission to take your pet's photo*: YES / NO *for promotional purposes such as; Facebook, website, records, etc.*

We are frequently asked about the prices of our services. Charges vary based on the type of care needed by your pet. Please ask for specifics when discussing treatment recommendations with your pet's doctor. While our hospital does not offer in-house payment plans, we do accept the following forms of payment: Visa, MasterCard, Discover, American Express, Care Credit (applications can be filled-out in our office, please inquire), and cash.

Please let us know if your pet has an insurance plan. We are happy to help with any of the necessary paperwork to help you receive reimbursement as quickly as possible.

Owner/Responsible party's Signature _____ Date _____