



TWIN LAKES
VETERINARY HOSPITAL INC., P.S.

ACCT.#

1060 S.W. 320th - FEDERAL WAY, WA 98023
(253) 839-7880 - (253) 927-6666

CLIENT/PATIENT INFORMATION

*Thank you for giving the Twin Lakes Veterinary Hospital the opportunity to care for your pet.
To become better acquainted, please provide us with the following information.*

			DATE					
CLIENT'S LAST NAME		FIRST NAME		SPOUSE'S LAST NAME		FIRST NAME		
HOME ADDRESS			CITY		ZIP CODE		HOME PHONE	
OCCUPATION			E-MAIL ADDRESS			CELL PHONE #		
BUSINESS NAME			BUSINESS ADDRESS			BUSINESS PHONE		
RELATIVE OR FRIEND (IN CASE OF EMERGENCY)					PHONE		DRIVERS LICENSE	

· ALL FEES ARE PAYABLE BY CASH, CHECK, OR BANK CARD UNLESS PREVIOUS ARRANGEMENTS ARE MADE AND APPROVED.
· 1 1/2% INTEREST PER MONTH IS CHARGED ON ALL ACCOUNTS OVER 30 DAYS. (\$1.00 MIN. CHARGE)
· THERE WILL BE A HANDLING CHARGE FOR RETURNED CHECKS.

PATIENT'S NAME		BREED		COLOR		AGE/BIRTHDATE	
LAST VACCINE DATE						SEX	
DOG-DHLPP:		CORONA:		BORDETELLA:		RABIES:	
						<input type="checkbox"/> M <input type="checkbox"/> F	
CAT-FVRCP:		FELINE LEUKEMIA:		RABIES:		NEUTERED/SPAYED?	
PAST HEALTH PROBLEMS						<input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR TODAYS VISIT						DATE:	
REFERRED BY <input type="checkbox"/> YELLOW PAGES <input type="checkbox"/> DRIVE BY <input type="checkbox"/> ESTABLISHED CLIENT							
<input type="checkbox"/> PERSONAL RECOMMENDATIONS: (NAME)							

I UNDERSTAND THAT FEES ARE PAYABLE AND DUE AT TIME OF SERVICE SIGNATURE _____

PAYMENT REMITTED BY: CASH CHECK VISA/MC