



*Atlantic*  
VETERINARY HOSPITAL

***New Client Information***

We do not share, sell, lend or divulge this information to any third parties unless requested by you in writing, as required by your pet insurance company, or by law.

**YOUR INFORMATION**

Primary Contact Name \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Primary Contact Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

The ability to contact pet owners quickly is important and often difficult. Please provide the following information and keep us updated with any changes.

What is the best number at which we can reach you quickly during business hours?

\_\_\_\_\_ Is this Home, Work, Cell, or Other? (Circle one)

What is the second best number? \_\_\_\_\_

What is the third best number? \_\_\_\_\_

E-mail (please print clearly) \_\_\_\_\_

We do not market any products by e-mail. We may send reminders by email or important information related to your pet's health or hospital information.

Would you like to receive our quarterly newsletter by e-mail? \_\_\_\_\_ Yes \_\_\_\_\_ No

I found out about Atlantic Veterinary Hospital from:

Friend/client: \_\_\_\_\_ Another Vet: Dr. \_\_\_\_\_

Website ( ) Drove by ( ) Online search ( ) Other ( ) \_\_\_\_\_

Atlantic Veterinary Hospital

Fax: 206-720-6248

Phone: 206-323-4433



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**PATIENT INFORMATION**

Pet Name: \_\_\_\_\_ Cat ( ) Dog ( )

Breed: \_\_\_\_\_

Pet's Gender Male ( ) Female ( ) Spayed/Neutered? Yes ( ) No ( )

Date of Birth (known or estimated) \_\_\_\_\_

Pet's Color & Markings: \_\_\_\_\_

Does your pet have a microchip? Yes ( ) No ( )

Does your pet have any special training, certifications or accomplishments?

\_\_\_\_\_

Do you have pet health insurance? Yes ( ) No ( )

Do you anticipate any foreign travel with your pet? Yes No

**Financial Policy Summary:** We do not bill for services. Payment is due in full at the time that services are performed. We do not extend credit. We cannot release hospitalized pets from the hospital, or release medications dispensed, until the final bill has been paid. We accept cash, personal checks, and credit cards. There is a \$35 fee on returned checks. We promote the use of pet health insurance and can assist in filling out your claims; we are not responsible for the relationship you have with the insurance company. All open invoices are sent to collections after 30 days.

**I have read, understand and agree to the Financial Policy stated above**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_