



CASCADE PET HOSPITAL

14731 AURORA AVE. N.
SEATTLE, WASHINGTON 98133
206-362-3668

CLIENT INFORMATION

NAME _____ HOME PHONE _____
LAST FIRST AREA CODE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE # _____ CELL PHONE _____
THIS IS REQUIRED FOR US TO ACCEPT CHECKS

E-MAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

PREFERRED CONTACT METHOD HOME CELL BUSINESS BUS. PHONE _____

CO-OWNER/SPOUSE NAME _____ PHONE _____

OVER 65 YEARS OF AGE CURRENT OR PAST MILITARY SERVICE

REFERRED BY (HOW DID YOU FIND US): _____

All information collected is confidential and will not be shared without your written consent.

PET INFORMATION

	PET 1	PET 2	PET 3
NAME			
SPECIES(Canine/Feline)			
BREED			
COLOR			
DATE OF BIRTH			
SEX			
SPAY/NEUTER/INTACT			

BILLING INFORMATION

I understand that services will be paid for at the time they are rendered.

SIGNED _____ DATE _____

We look forward to having you as our client.



Payment Is Required at the Time of Service

Payment for all services must be made at the time of service or discharge. We accept cash, check, Visa, Mastercard, American Express, Discover and Care Credit. There is a \$25.00 service fee on all returned checks.

In emergency cases, billing may be arranged for costs greater than \$500.00. When these arrangements are made it will be at the discretion of the practice owner or hospital manager. All unpaid balances will be subject to a finance charge of 1% per month. Accounts that are more than 30 days past due may be transferred to a collection agency. The client will be responsible for all reasonable collection and attorney fees.

Billing Information

I understand that I am responsible for all services rendered at the time they are rendered and will remit payment in full at each visit unless prior arrangements are made. For services that, by agreement, may be paid in one or more installments, a payment plan agreement must be filled out. Should any balance or installment due be more than 30 (thirty) days late, I understand that the account may be transferred to a collection agency.

Refund Policies

We cannot provide refunds on any prescription medications once they have left the hospital due to federal, state, and local laws protecting the safety of prescription medications. Refunds on non-prescription products that are in their original, unopened package are available as hospital credit.

Prescription diets, sealed or opened, may be returned for hospital credit or exchange.

Prescription Medication Refills

Please allow 24 hours for a prescription medication refill. State and federal law requires that all pets must have had an examination by a veterinarian, at Cascade Pet Hospital, within the last 12 months, or a written prescription from another veterinarian.

Flea Control

In an effort to continue to provide the best care possible, if fleas are found on your pet, Cascade Pet Hospital will apply a safe flea medication to your pet.

Thank you for your cooperation!

SIGNED: _____ DATE: _____