



Lake Stevens Animal Hospital, LLC  
 303 91<sup>st</sup> Ave. NE A106, Lake Stevens, WA 98258 (425) 377-8620  
 www.lakestevensanimalhospital.com

**Our Mission Statement**

To be the preferred veterinary facility for the community by providing the highest quality preventive, medical, surgical, reproductive, and dental care, delivered by a team of friendly, compassionate, professionally trained fellow pet-lovers. Through trust, communication and education we strive to strengthen and develop the human-animal bond.

**Owner Information**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*MI: \_\_\_\_ \*DOB: \_\_\_\_\_  
 (Owner must be 18 years of age or older)

\*WDL/ID #: \_\_\_\_\_ \*Exp: \_\_\_\_\_ \*Spouse's WDL/ID#: \_\_\_\_\_ \*Exp: \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

Spouse's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ DOB: \_\_\_\_\_

\*Physical Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 (If different from above)

**How do you prefer to be contacted? (\*PLEASE MAKE NOTE OF YOUR PRIMARY #)**

\*Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_

\*Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Spouse's Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Spouse's Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Place of Employment: \_\_\_\_\_ \*Spouse's Place of Employment: \_\_\_\_\_

**Tell us about your pets? (If you need more space, use the backside of this form)**

Name	Species/ Breed	Date of Birth	Sex (spay/neuter?)

Name of prior Vet Clinic(s) \_\_\_\_\_

Are you the legal owner of this pet/s? Yes  No

If your pet is being either dropped off or picked up by someone other than the legal owner please fill in the name of the authorized person/s.  
 (Person or Persons must be 18 years of age or older)

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

Please Note: If the above section is filled out all liability still remains the sole responsibility of the legal owner.

How did you hear about Lake Stevens Animal Hospital? Facebook  Yelp  Google  Other: \_\_\_\_\_

Referral?  Whom may we thank for referring you to us? \_\_\_\_\_

**Our financial policy requires payment at the time of service. We accept the following methods of payment.**

Please ask for an estimate prior to services. Thank you.

■ Cash ■ AMEX ■ Money Order ■ Visa ■ MC ■ Discover ■ Care Credit

I have read and understand the above statement and I agree to pay for veterinary services for my pet(s).

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_