



Lake Stevens Animal Hospital, LLC
 303 91st 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 # _____
 (Note: If you pay for services using personal checks, we must have your social security number. It is never entered into our computer system.)

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.

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 Scratchpay

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

Owner's Signature: _____

Date: _____

Lake Stevens Animal Hospital

Renee Gray, D.V.M.

Kathleen Koppa, D.V.M.

Welcome to Lake Stevens Animal Hospital! We wish to thank you for selecting us to care for your pet and we look forward to a long and caring relationship. We have established the following policies to better assist you and your pets needs.

Appointments:

Please call 24 hours in advance for specific problems, bath, vaccination, and health exam appointments. Bathing patients are scheduled during the weekdays and we prefer for them to be dropped off between 7-8am and to stay with us for the day. We will phone you as soon as your pet is ready to go. Surgical patients have special requirements for food and water prior to a surgical procedure; please call 72 hours in advance for surgeries.

Init: _____

Cancellations:

Please call 24 hours in advance to cancel your appointment. We certainly can understand when something unexpected comes up and the need to cancel with little notice will happen. **However, if this occurs on a regular basis, we may feel the need to impose a late notice cancellation fee, depending on the type of appointment you are canceling.**

Init: _____

Discharging of Patients:

We appreciate your busy schedule and would like to accommodate your needs of picking up your pet. We prefer pets that are hospitalized overnight for surgical and medical reasons be discharged no earlier than 8:30 am. This allows us the time necessary to medically treat and evaluate your pet. We do require scheduled appointments for the discharge of your pet.

Init: _____

Prescription Diets:

We are happy to accommodate your pet's special diet needs. We stock Hill's prescription diets, so please inform us if your pet's dietary needs are different from what our hospital offers so we may be able to meet your pet's special needs. Please phone ahead for your pet's special diet and we'll be sure to have it available and ready. Special orders are placed weekly.

Init: _____

Prescription Refills:

Please give us 24 hours notice in advance for prescription refills. This allows sufficient time for the veterinarian to approve and dispense any medications.

Init: _____

Online Services:

Our professional website, www.lakestevensanimalhospital.com, provides a hospital tour, staff and services info, helpful links, as well as an online pharmacy. We also offer an online app. Through the Petdesk app, you can access your pet's vaccine information, request appointments and prescription refills; utilize the LSAH Rewards program, and other useful tools to help keep you connected with us and your pet's medical care. Feel free to ask any staff member for more information. You can also "like" us on Facebook.

Init: _____

Treatment Plans:

To help prepare for the costs of a surgeries or extensive medical procedures, a treatment plan will be provided for you prior to treatment. **However, treatment plans for general exams, simple office visits and progress exams are only provided when requested by the client.** In emergency situations, we will make every attempt to inform you of the cost before procedures are undertaken. However, accurate estimating of final fees is often difficult due to the variables of pet illnesses and injury. For all day admission patients (surgeries included), we require a deposit of the low end of the treatment plan be made at the time of admission.

Init: _____

Payments:

Our financial policy requires payment at the time of service. We accept the following methods of payment: Cash, Money Order, AMX, Visa, MC, Discover, Cashier's Check, Care Credit, and Scratchpay. We do not accept personal checks. However, should we bend the policy and accept this form of payment; we do require your SS# & a copy of your driver's license be kept on file. There will also be a \$36 NSF check fee for any returned checks.

Init: _____

Client Signature: _____ Print: _____ Date: _____



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I hereby authorize the following individual (s) to make medical decisions regarding my pets (s) in the event that I am not able to be contacted. If no one is authorized, please write "No one" and sign form. *I understand that any individual(s) listed must be 18 years of age or older.

Please print clearly

Name	Phone Number
1) _____	/ _____
2) _____	/ _____
3) _____	/ _____

I accept full financial responsibility for charges incurred as a result of any medical decisions made by the above listed individual (s).

Pet owner's signature	Print name clearly

Witness

Date