



815 SE 160th Avenue
Vancouver, WA 98683

(360) 635-5302
pacificnvwets.com

REGISTRATION FORM - PLEASE PRINT CLEARLY

Date: _____

OWNER INFORMATION

Mr. Mrs. Ms. Mx. Dr. Name: Last: _____ First: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Other #: _____ Primary # (for patient updates): Cell Other

Email: _____

OTHER AUTHORIZED REPRESENTATIVE *(if owner is not present)*

Name: _____ Relationship: _____ Primary Phone: _____

Address: _____ Email: _____

PET INFORMATION

Name: _____ Dog Cat Breed: _____

Color: _____ Age: _____ DOB: _____ Vaccines current? Yes No Unknown

Gender: F M Spayed Neutered Intact Unknown

Reason(s) for visit: _____

List any current medications: _____

List any known allergies/food allergies: _____

Who is your pet insurance carrier?

Please check this box to authorize consent for the above described pet's insurance records to be shared with Pacific Northwest Pet ER & Specialty Center.

I do not have pet insurance.

How did you hear about us? Community Event Facebook/Instagram Primary Veterinarian Pandora

Print Radio Sign/drive-by TV Web search Word of mouth Employee/Friend Other: _____

PRIMARY CARE VETERINARIAN INFORMATION

Name of Clinic/Hospital: _____

Veterinarian: _____ Phone Number (if known): _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet and provide any pertinent medical records to other Veterinarians or medical professionals involved in my pet's care unless requested otherwise. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid when services are rendered and that a deposit may be required for treatment.

Initials _____

Signature: _____

Pacific Northwest Pet ER & Specialty Center requests permission to use information for internal and external use such as: research, education and social media. I authorize the use of my pet's first name, photograph and clinical information (including at times medical condition, treatment and prognosis). Under no circumstances will my name, my personal or financial information be shared through these sources. Check YES or NO:

- YES**, I authorize Pacific Northwest Pet ER & Specialty Center to use my pet's first name, photograph and clinical information.
- NO**, I do not authorize.

Date: _____