DAY ROAD
Animal Hospital
8355 NE Day Road E., Bainbridge Isl. WA 98110 Tel: 206-842-1200 Fax: 206-842-1209

**Please complete the following information.**

**Who is the primary contact for your pet?**

Title -- | First Name | Last Name

**Who is the secondary contact?**

Title -- | First Name | Last Name

Street Address | City | State | ZIP

Phone Number 1 | Cell ☐ Home ☐ Work ☐

Phone Number 2 | Cell ☐ Home ☐ Work ☐

Phone Number 3 | Cell ☐ Home ☐ Work ☐

Primary Email Address

How did you hear about our clinic?

Internet ☐ Outside sign ☐

Referral ☐ Whom may we thank?

What is your preferred method of payment? Cash ☐ Check ☐ VISA/MC/AmEx/Discover ☐

If you will be writing a check we require your:

Driver License Number: State of Issue:

***Payment is required at the time of service.***
***A deposit may be requested for emergencies or cases involving the use of outside specialists.***
***A "no-show" fee of $30.00 will be assessed for missed appointments.***
***Interest will be charged for any balances over 30 days.***

By initialing I agree to the terms of service above. Date

Please complete Page 2 to enter information for the pets in your household.

**Pet 1**

Name | Species --

Breed | Birthdate | or Age --

Color | Sex Unkn. | Spayed / Neutered?

**Pet 2**

Name | Species --

Breed | Birthdate | or Age --

Color | Sex Unkn. | Spayed / Neutered?

**Pet 3**

Name | Species --

Breed | Birthdate | or Age --

Color | Sex Unkn. | Spayed / Neutered?

**Pet 4**

Name | Species --

Breed | Birthdate | or Age --

Color | Sex Unkn. | Spayed / Neutered?

**Pet 5**

Name | Species --

Breed | Birthdate | or Age --

Color | Sex Unkn. | Spayed / Neutered?

If you did not bring a copy of your pets' records, who should we contact for a copy?

Clinic name | City | State

Clinic phone number if known