



CLIENT MEDICAL REGISTRATION FORM

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Seattle, Washington, 98118
P 206.557.4749
www.columbiacity.vet

MEDICAL RECORD - HOSPITAL USE ONLY

CLIENT ID #
EMAIL ENTERED
REFERRAL RECORDED
REMINDERS ENTERED
PMH SCANNED INTO NEO
WELCOME NOTE

Welcome to our medical family!

DATE:

To help us become better acquainted and provide the best care, please complete the following:

CLIENT/OWNER NAME:

PATIENT NAME:

Preferred Pronouns: THEY/THEM SHE/HER HE/HIM

Species: K9 FEL Breed:

Primary PHONE:
(circle) CELL HOME WORK

Birthdate/Age: Color:

Alternate PHONE:
(circle) CELL HOME WORK

Gender: M F Spayed/Neutered: Y / N

ADDRESS: [IS PHYSICAL/MAILING THE SAME: Y / N ]

Known Allergies / Medical Conditions / Medications:

INSURANCE/POLICY #:

EMAIL:

DO YOU HAVE OTHER PETS: Y / N

NAME OF ADDITIONAL PERSON/S TO BE LISTED ON ACCOUNT:

NAME AND LOCATION OF PREVIOUS VETERINARY CARE:

(circle) Spouse/Partner/Roommate/

MAY WE CONTACT FOR RECORDS: Y / N

NAME:

HOW DID YOU HEAR ABOUT US? (PLEASE BE SPECIFIC)

Preferred Pronouns: THEY/THEM SHE/HER HE/HIM

(Personal Referral, Facebook, Yelp, Google Search, Drive-By, etc)
If a personal referral, please list their name so we can thank them!

PHONE:
(circle) CELL HOME WORK

PREFERRED METHOD/S OF CONTACT:

EMAIL:

TREATMENT AUTHORIZATION and INFORMATION/PHOTO RELEASE

I hereby authorize Columbia City Veterinary Hospital (CCVH) to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors and medical team.

CCVH and it's staff are leaders and teachers in the veterinary medicine field, thus case information and/or photos may be used in teaching forms and continuing education, website/social media, veterinary literature, and the like. I authorize the release of case/patient information for such purposes.

FINANCIAL and PATIENT RELEASE POLICY

Payment is due as services are rendered. The balance is due upon dismissal from the hospital. Payments can be made by cash, personal check (with proper identification), and accepted credit cards, including Care Credit. If payment arrangements are needed, the undersigned realizes that they must be agreed upon prior to admitting patients. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory. In the event that I sell this animal to another owner, I authorize release of medical information to the new owner.

I have read and accept the preceding obligations.

OWNER(S) SIGNATURE:

DATE: