



KINDNESS ANIMAL CLINIC



19845 Hwy #2, Monroe

360-794-8813

WELCOME TO KINDNESS ANIMAL CLINIC

Last Name: _____

First Name: _____

Spouse/Partner Last Name: _____

First Name: _____

Mailing Address: Please include City, State, and Zip Code.

Primary Contact Info:

Spouse/Partner Contact Info:

Email: _____

Email: _____

Primary Phone:(_____) _____

Secondary Phone:(_____) _____

Preferred Text Contact:(_____) _____

Additional Contact:(_____) _____

Wireless Carrier: Verizon AT&T T-Mobile Boost Sprint Other_____

Do you prefer email reminders for your pet? YES NO

How did you become aware of our practice?

Website (kacpets.com) Web Search (Google, Yahoo, Bing, etc.)_____

Location Clinic Sign Yellow Pages I am a previous client

Personal Recommendation (Who may we thank?) _____

PATIENT INFORMATION (Please use the back of this page for additional pets)

Name:_____ Cat Dog Sex:_____ Spayed or Neutered (y/n)?_____

Breed:_____ Color_____ Age or Date of Birth_____

Name:_____ Cat Dog Sex:_____ Spayed or Neutered (y/n)?_____

Breed:_____ Color_____ Age or Date of Birth_____

Which clinic may we call for your pet's medical history?_____

We photograph patients for their medical records. May we have permission to share photos on Kindness Animal Clinic's Website (www.kacpets.com) or Facebook (We do not share private information)? Yes No

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. PLEASE INDICATE METHOD OF PAYMENT: CASH CHECK DEBIT MASTERCARD/VISA CARE CREDIT

CLIENT AGREEMENT We appreciate you entrusting us with the care of your pet. We understand that having a sick pet is often an emotional time. The best veterinary-client relationships are based on trust, communication, and mutual respect. We want what is best for your pet! We will treat you and your pet with kindness and ask that you do the same to our team. Aggressive tones, threats, as well as racist, sexist, or homophobic language will not be tolerated. Please let us know if you have any concerns or questions.

Your signature below acknowledges you are the legal owner of all animals on this form and are authorized to make medical decisions about said animals, and you understand our client agreement and payment policy and are accepting financial responsibility for services rendered including a fee [per RCW 62A.3-515 & 520] on checks returned from bank NSF.

Signature _____ Date _____