Welcome to Hawks Prairie Veterinary Hospital!
8919 Martin Way E Lacey, WA 98516

Name (First)_____ (Last)_____
Mailing Address_____
City:_____State_____Zip code_____
Phone (Home) _____ (Cell)_____
Best place to call: Home _____ Work ____ Cell____ Best time: AM____ PM_____
Place of Employment:_____
Work Number:_____May we contact you at work? □ YES □ NO (if no do not provide #)
Spouse's Name: (First)_____(Last)_____
Email address:_____
(for hospital use only- we do not share e-mail addresses)

Pet Health History

Do you want our clinic to send Vaccine reminders for your pets? Yes____ No_____
(If yes please provide previous health history for your pet or contact information for your previous veterinarian.) Clinic name and phone number: _____
_____

Name	Species Dog, cat, bird, etc.	Male or Female	Spayed or Neutered ("fixed")	Breed	Color	Birthday or age

How did you learn of our clinic?_____
_____

For non-urgent information about your pet would you prefer to be contacted by:
Phone_____ E-mail_____

DO YOU QUALIFY FOR A DISCOUNT? Military-Active/Retired____Senior citizen 60yrs. +_____
(If so please have I.D ready for verification)

Payment for service is expected today unless prior arrangements have been made.
WE ACCEPT THE FOLLOWING FORMS OF PAYMENT:
VISA, MASTERCARD, CARE-CREDIT, CHECK & CASH