

**WELCOME TO  
HURRICANE RIDGE VETERINARY HOSPITAL**

**Toni Jensen, DVM**

Dr. Jensen and staff would like to thank you for giving us the opportunity to care for your pets. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take a moment to fill in this form completely. Thank You!

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Mr.

Mrs.

Ms.

Dr.

Your Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_

*\*required for prescriptions*

Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Owner's Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Partner's Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who may we thank for referring you to our hospital? \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the pet(s) registered. I assume complete responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required. Preferred method of payment:

Cash

Visa/MasterCard/Discover

Care Credit

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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Updated \_\_\_\_\_

660 N. 7<sup>th</sup> Ave, Sequim, WA 98382

## PET REGISTRATION

If you do not have your pet's vaccine and/or medical records, we will be happy to request them for you.

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Pet Name: \_\_\_\_\_  Dog  Cat

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB \_\_\_\_\_

Sex:  Female spayed? Y/N  Male Neutered? Y/N Microchip#/Tattoo \_\_\_\_\_

Last Vaccinations: \_\_\_\_\_ Administered by: \_\_\_\_\_

Is your pet: Allergic to vaccines or any medications? \_\_\_\_\_

Currently taking medications or on a special diet? \_\_\_\_\_

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Pet Name: \_\_\_\_\_  Dog  Cat

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB \_\_\_\_\_

Sex:  Female spayed? Y/N  Male Neutered? Y/N Microchip#/Tattoo \_\_\_\_\_

Last Vaccinations: \_\_\_\_\_ Administered by: \_\_\_\_\_

Is your pet: Allergic to vaccines or any medications? \_\_\_\_\_

Currently taking medications or on a special diet? \_\_\_\_\_

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Pet Name: \_\_\_\_\_  Dog  Cat

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB \_\_\_\_\_

Sex:  Female spayed? Y/N  Male Neutered? Y/N Microchip#/Tattoo \_\_\_\_\_

Last Vaccinations: \_\_\_\_\_ Administered by: \_\_\_\_\_

Is your pet: Allergic to vaccines or any medications? \_\_\_\_\_

Currently taking medications or on a special diet? \_\_\_\_\_

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