

# Welcome to Tumwater Veterinary Hospital

## New Patient Registration

Please note our hospital policy: All fees for service or products are due at time of service or when the patient is released. We accept Cash, Debit, MasterCard, Visa, Discover and Care Credit.

Owner's Name: \_\_\_\_\_  
First Middle Last

Physical Address: \_\_\_\_\_  
(Required) Street Number/Name City State Zip Code

Mailing Address: \_\_\_\_\_  
(If different from physical) Street Number/Name City State Zip Code

Phone: \_\_\_\_\_  
(Phone #'s & Area Code Required) Home Cell

**Driver's License:** \_\_\_\_\_  
or Other Official Picture ID Number (Required) State of Issue Expiration Date of Birth

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
[Grid for email address input]

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

Guarantor: \_\_\_\_\_  
(If applicable) Name Address Phone

Driver's License: \_\_\_\_\_  
or Other Official Picture ID (Required) Number State of Issue Expiration Date of Birth

### **PET INFORMATION:**

Pet's Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Bird \_\_\_\_\_

Birthday: \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Hair Type: Long \_\_\_\_\_ Medium \_\_\_\_\_ Short \_\_\_\_\_

--Additional Pages Are Available for Multiple Pets--

Is there anyone else who is authorized to seek treatment for your pet? If "Yes" list below:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear of TVH (if current client please provide name)? \_\_\_\_\_

I have read and understand the Tumwater Veterinary Hospital Policy and agree to all terms and conditions therein:

Owner/Client Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Guarantor Signature (If applicable) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

# Financial Policy Agreement Tumwater Veterinary Hospital\*

7020 Littlerock Rd. SW, Tumwater, WA 98512  
(360) 754-6008 Main Line / (360)754-6185 Fax

## Payment Options:

- Cash or Debit (*We do not accept checks*)
- Visa, Mastercard and Discover Credit Cards (*We do not accept American Express*)
- CareCredit Healthcare Credit Card (Please inquire as to the options)

## Deposit & Billing:

Payment is due at time of service. Payment plans are offered on a limited case-by-case basis and typically only to established clients. Payment plans require a deposit of 50% of estimated treatment prior to the start of treatment. The remainder of the balance must be paid in no more than two payments starting no later than 30 days from the date of treatment. If a payment plan is not paid as specified within the agreement, the account will become immediately due and payable. Demand for the full balance plus any interest owing will be sent to the client. Clients have 15 days from the date of written or electronic notification to pay the account in full. Any account 60 days past due, *not on a designated payment plan schedule*, will receive a written or electronic demand requesting the account be brought current. Any account not brought current within 15 days from the date of the written or electronic demand will be assigned to a collection agency in the State of Washington. **Any account assigned to collection results in termination of further care to a client's pet(s) and the account will not be re-opened even after full payment is received by the collection agency.** In the event legal action should become necessary to collect any unpaid balance(s) due for veterinary services rendered by Tumwater Veterinary Hospital, the client/guarantor/designated payor(s) agree the venue for any legal action or collection activity either from Tumwater Veterinary Hospital or an assigned collection agency will be in Thurston County in the State of Washington. Client/guarantor/designated payor(s) who reside or move to a "Closed Border State" agree to subjugation to legal action and/or an assigned collection agency in Thurston County in the State of Washington rather than have these actions transferred or assigned to a local collection agency or jurisdiction within the state in which the client/guarantor/designated payor(s) reside. ***It is the client's responsibility to keep us informed of any changes in their address, email, or telephone contact numbers. A fee of 1% interest per month (12% per annum) will be charged on all outstanding account balances 60 days or more past due whether or not a client is on a payment plan.***

***Tumwater Veterinary Hospital reserves the right to immediately assign any account with an unpaid balance to collections if the client leaves Tumwater Veterinary Hospital with an unpaid balance and we are unable to contact the client by phone, email and/or regular mail.***

## Additional Policy Information:

Effective March 1, 2019 we will no longer be accepting checks from clients established on or after this date. Hospital charges \$48.50 for each returned check. We reserve the right to increase the returned check fee without notice. Returned checks must be paid in full along with the returned check fee within five (5) working days of verbal, written or electronic notification or the account will be assigned to a collection agency within Washington State. The same legal actions previously specified in this document apply to returned checks. We are happy to provide clients with pet insurance with the necessary documentation to submit a claim to your insurance carrier. However, we do require payment from the client prior to reimbursement by the insurance company to the client.

**I agree to the payment terms specified in this document:**

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Client/Owner Signature Date

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Client/Owner Name (Please Print) Date

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Guarantor/Designated Payor(s) Signature (If Applicable) Date

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Guarantor/Designated Payor(s) Name (Printed) Date

\*Operating under Washington Veterinary Services, Inc. PS a holding company in the State of Washington and owned by PetVet Care Centers, Inc., Westport, Connecticut