



# Welcome!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill this form completely. Thank you!

## Owner Information

Owner's Name (Last, First) _____	Spouse/Partner _____
Address _____	
City _____	State _____ Zip _____
Home Phone _____	
Cell Phone _____	Spouse/Partner Cell Phone _____
Work Phone _____	Spouse/Partner Work Phone _____
E-mail _____	Spouse/Partner E-mail _____
Employer Name _____	Spouse/Partner Employer _____
Please check this box if you do NOT want to receive e-mail reminders <input type="checkbox"/>	
How did you hear about us? <input type="checkbox"/> Sign/drive by <input type="checkbox"/> Referred by: _____	
<input type="checkbox"/> Internet search for: _____	<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other: _____

## Pet Information

#1 Pet's name: _____	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
Breed: _____	Color _____ Weight _____ #
Please list ALL veterinary hospitals your pet has been to. Please include Hospital name, phone #, and the name the account is under.	
_____	
_____	
Medical Problems Diagnosed in Past	
_____	
_____	

#2 Pet's name: _____	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed
Breed: _____	Color _____ Weight _____ #
Please list ALL veterinary hospitals your pet has been to. Please include Hospital name, phone #, and the name the account is under.	
_____	
_____	
Medical Problems Diagnosed in Past	
_____	
_____	

## Authorization

I hereby authorize the veterinarians of Eastside Veterinary Associates to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand these **charges must be paid at the time services are rendered** and that a deposit is required for surgical treatment. **I understand that a broken appointment fee will be assessed for missed appointments or appointments that are canceled or rescheduled with less than 24 hours notice.**

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_