



# Welcome!

Thank you for giving us the opportunity to care for your pet. 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 \_\_\_\_\_  
How did you hear about us?\*  Sign/drive by  Referred by: \_\_\_\_\_  
Internet search for: \_\_\_\_\_  Yellow Pages  Other: \_\_\_\_\_  
**Do you prefer to receive reminders when your pet is due for vaccines via\*  E-mail  Postcard?**

## Pet Information

#1 Pet's name:\* \_\_\_\_\_ Species:\*  Dog  Cat  Other \_\_\_\_\_  
Date of Birth:\* \_\_\_\_\_ Sex:\*  Male  Neutered  Female  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:  Dog  Cat  Other \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex:  Male  Neutered  Female  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  
\_\_\_\_\_  
\_\_\_\_\_

Can Eastside Veterinary Associates publish your pet's photo or likeness with first name only in print and digital materials or online?\*  Yes or  No

## 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\* \_\_\_\_\_