



# Welcome!

Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill this form completely. Thank you!

## Owner Information

Owner's Name (Last, First) \_\_\_\_\_ Spouse/Partner \_\_\_\_\_  
 Owner's Pronouns (please circle) she/her he/him they/them Other \_\_\_\_\_  
 Spouse/Partner's Pronouns (please circle) she/her he/him they/them Other \_\_\_\_\_  
 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 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 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, LATE, or CANCELED or with less than 24 hours notice .**

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