

# Ellensburg Animal Hospital

Michael Fuller, DVM  
Daniel D Charlton, DVM  
Michelle Charlton, DVM  
Samantha Howard, DVM



1800 Vantage Highway  
Ellensburg, WA 98926  
(509) 925-2833  
Fax (509) 925-7714  
E-mail: rodeodoc@elltel.net  
Website: www.eburgvet.com

*Welcome to our clinic*

*We are glad to have the opportunity to care for your pet*

*To insure your pet gets the best care we can offer, please fill out this form completely.*

*Thank you.*

## NEW CLIENT INFORMATION

How did you hear about us? ☐ Phone Book ☐ Sign ☐ Friend

(If a friend, who may we thank?): \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ OTHER: \_\_\_\_\_

DRIVER LICENSE: \_\_\_\_\_ (IS THE SECOND # HUSBAND/WIFE/WORK/CELL?)

SS#: \_\_\_\_\_ SPOUSE SS#: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

METHOD OF PAYMENT ☐ CASH ☐ CHECK/CREDIT CARD

## PATIENT INFORMATION

FIRST PETS NAME: \_\_\_\_\_

(CIRCLE SPECIES) DOG CAT OTHER \_\_\_\_\_ BREED \_\_\_\_\_

SEX \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

IS YOUR PET SPAYED OR NEUTERED? \_\_\_\_\_ MICROCHIP NUMBER \_\_\_\_\_

DOES YOUR PET HAVE ANY EXISTING MEDICAL CONDITIONS? \_\_\_\_\_

VACCINE HISTORY:

DOG

CAT

DATE LAST DONE—DHLPPC \_\_\_\_\_ FVRCP \_\_\_\_\_

BORDATELLA \_\_\_\_\_ FELV \_\_\_\_\_

RABIES \_\_\_\_\_ FIP \_\_\_\_\_

RABIES \_\_\_\_\_

SECOND PETS NAME: \_\_\_\_\_

(CIRCLE SPECIES) DOG CAT OTHER \_\_\_\_\_ BREED \_\_\_\_\_

SEX \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

IS YOUR PET SPAYED OR NEUTERED? \_\_\_\_\_ MICROCHIP NUMBER \_\_\_\_\_

DOES YOUR PET HAVE ANY EXISTING MEDICAL CONDITIONS? \_\_\_\_\_

VACCINE HISTORY:

DOG

CAT

DATE LAST DONE—DHLPPC \_\_\_\_\_ FVRCP \_\_\_\_\_

BORDATELLA \_\_\_\_\_ FELV \_\_\_\_\_

RABIES \_\_\_\_\_ FIP \_\_\_\_\_

RABIES \_\_\_\_\_