

Ellensburg Animal Hospital

Michael Fuller, DVM
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Ellensburg, WA 98926
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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 _____

Image (photograph/video) consent for: _____. I consent to the use of my pets' image to be used on social media and/or websites by Ellensburg Animal Hospital.

Signed: _____ Date: _____ Telephone: _____

Printed Name: _____ Email: _____

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