



# 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* _____		Spouse/Partner Cell Phone _____	
Work Phone _____		Spouse/Partner Work Phone _____	
Email* _____		Spouse/Partner E-mail _____	
Employer Name _____		Spouse/Partner Employer _____	
How did you hear about us?* <input type="checkbox"/> Sign/drive by		<input type="checkbox"/> Referred by: _____	
Internet search for: _____		<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other: _____	
Do you prefer to receive reminders when your pet is due for vaccines via* <input type="checkbox"/> E-mail <input type="checkbox"/> Postcard?			

## 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: _____
Vaccination History (Date and Type of Last Vaccinations)	
_____	
_____	

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: _____
Vaccination History (Date and Type of Last Vaccinations)	
_____	
_____	

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\* \_\_\_\_\_