Welcome!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. 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 _____
Please check this box if you do NOT want to receive e-mail reminders ☐
How did you hear about us? ☐ Sign/drive by ☐ Referred by: _____ _____
☐ Internet search for: _____ ☐ Yellow Pages ☐ Other: _____

Pet Information

#1 Pet's name: _____ Species: ☐ Dog ☐ Cat ☐ Other_____
Date of Birth: _____ Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed
Breed: _____ Color_____ Weight_____ #
Vaccination History (Date and Type of Last Vaccinations)
_____
_____
Medical Problems Diagnosed in Past
_____
_____

#2 Pet's name: _____ Species: ☐ Dog ☐ Cat ☐ Other_____
Date of Birth: _____ Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed
Breed: _____ Color_____ Weight_____ #
Vaccination History (Date and Type of Last Vaccinations)
_____
_____
Medical Problems Diagnosed in Past
_____
_____

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 _____