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* _____
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: _____
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
_____
_____

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* _____