

## Welcome to the Edmonds-Westgate Veterinary Hospital

### Client Information

Date \_\_\_\_\_ Your Name \_\_\_\_\_  
Last First Spouse/Partner/Co-Owner  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone Number ( ) \_\_\_\_\_ Secondary Phone Number ( ) \_\_\_\_\_  
Work Number ( ) \_\_\_\_\_ Other/Emergency Contact Number ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer \_\_\_\_\_ Location \_\_\_\_\_  
Whom may we thank for referring you? \_\_\_\_\_

### Pet Information

Pet's Name \_\_\_\_\_  
 Dog  Cat  Other \_\_\_\_\_  
Age/Birthdate \_\_\_\_\_ Sex  M  F Breed \_\_\_\_\_  
Color \_\_\_\_\_ Neutered/Spayed?  Yes  No Microchipped?  Yes  No  
Current diet (wet/dry/brand name) \_\_\_\_\_  
Current Medication \_\_\_\_\_  
Received vaccines within the last 12 months?  Yes  No At which hospital? \_\_\_\_\_  
Primary reason for pet's visit \_\_\_\_\_

### Payment

\* This section to be completed & signed IN OFFICE ONLY.

We will gladly prepare a written estimate if desired (please ask the doctor or receptionist). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept payment in cash along with Visa, Mastercard, American Express, Discover and Care Credit. Local checks may be accepted with a valid driver's license # \_\_\_\_\_ and social security # \_\_\_\_\_. There will be a \$30.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, hospitalized and boarding patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care, and the appropriate charges will be due upon discharge.

Signature of client responsible for pet \_\_\_\_\_ Date \_\_\_\_\_