Elliott Bay animal hospital

Hospital Use Only

ID# _____

Thank you for giving our hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following: (PLEASE PRINT LEGIBLY)
This form is available on our website www.elliottbayah.com

How did you hear about us? Animal Shelter ☐ Sign/Drive by ☐ AAHA ☐ Auction ☐ Yelp ☐ Veterinary Practice ☐ Website ☐ Yahoo ☐ Google ☐ Angie's List ☐ Other _____ Personal Recommendation_____

Client Information	Drivers License Number or Social Security Number:		
Owner:	Phone Number(s):		
Co-Owner:	Phone Number(s):		
Address:	City	State	Zip
Place of Employment:	Work Phone Number:		
E-Mail Address: ***(your e-mail address is not shared with outside sources or placed on a mailing list)***			

May we post your pet's photo on our Website, Facebook Page and/or Instagram?..... YES ☐ NO ☐

Patient Information	**Pet Number 1**	**Pet Number 2**	**Pet Number 3**	**Pet Number 4**
Name				
Species: Canine or Feline				
Breed				
Date of Birth				
Color/Markings				
Gender: spayed or neutered				

Other Hospitals your pet (s) have received medical treatment or vaccination from: _____

_____

_____

Payment Policy

FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES. Deposits are required on major medical/surgical cases, trauma cases and emergency work where hospitalization is required. We DO NOT carry open accounts and hope these five (5) alternatives are convenient to you:

CASH ☐ **CHECK** ☐ **VISA** ☐ **MASTERCARD** ☐ **AMERICAN EXPRESS** ☐

A $25.00 charge will be assessed for all returned checks.

To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on a physical exam provided by Elliott Bay Animal Hospital within one year. All vaccines must be current and the pet is to be free of internal and external parasites. I hereby authorize Elliott Bay Animal Hospital to provide the physical examination, vaccines and parasite control when needed. I also understand and agree to pay any costs and charges necessary for the collection of any amount not paid when due.

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE:

X_____ **Date**_____