

Please provide the following information so we may become better acquainted with you: (PLEASE PRINT LEGIBLY)

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

Owner Info (once a co-owner is listed, written authorization is required by both owners in order to remove either name from this account)

Owner Name:		Primary Number:	
Co-Owner Name:		Secondary Number:	
Address:	Unit #	City	State Zip
Place of Employment:		Work Phone Number:	
E-Mail: For communication w/EBAH team only: <i>(not shared w/outside sources)</i>			
May we post your pet's photo on our Website, Facebook Page and/or Instagram?			YES NO

Patient Info	Pet Number 1	Pet Number 2	Pet Number 3	Pet Number 4
Name:				
Species: canine/feline:				
Breed:				
Date of Birth:				
Color/Markings:				
Gender/Altered:				

Other Hospitals your pet (s) have received medical care or vaccinations from: _____

- Payment Policy**—Full payment is expected upon rendering of services. Deposits may be collected on major medical/surgical cases, trauma cases or emergency work if hospitalization is required. Below are five (5) acceptable forms of payment:

CASH VISA MASTERCARD AMERICAN EXPRESS CHECK (\$25.00 charge for all returned checks)

- Health Policy**— 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 and intestinal parasite screens must be current and the pet is to be free of internal/external parasites. I hereby authorize Elliott Bay Animal Hospital to provide a physical examination, vaccines and parasite control if needed. I agree to pay any costs/charges necessary for the collection of any amount not paid when due.

- Appointment Policy**—We kindly request 24 hour notice for appointment cancellations or changes. If two or more no show appointments occur, a no show fee (determined by the current exam price) will be applied to this account per pet that was scheduled. We truly appreciate your understanding.

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE:

X _____ Date _____