



Client Information

(Please assist us in providing exceptional service for your pet by keeping us informed of any changes in your contact information.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse's Last Name: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ Spouse's Driver's Lic. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Who referred you to our Office? \_\_\_\_\_

Thank you for choosing Eastside Animal Hospital for your pet's healthcare needs. In order to maintain the health of our practice fees are due at the time services are rendered. We will gladly prepare a treatment plan for you once your pet's needs have been determined by one of our Veterinarians. In the event of major illness or injury, we also accept major credit cards and offer Care Credit. Returned checks and unpaid balances are subject to a service charge. Thank you.

Your signature below permits Eastside Animal Hospital to share your pet's vaccination and critical health information with other veterinary hospitals or boarding facilities. Your signature also allows us to contact you via e-mail.

I understand that there may be risk involved in any procedure, and no guarantee will be made as to the results or a cure.

Please indicate your acceptance of the above statements by signing below.

Responsible party's signature: \_\_\_\_\_ Date: \_\_\_\_\_

( Or duly authorized agent)

Office Use Only

Initials verify current address and phone number:

Grid of 6 columns and 6 rows for Date and Initials.