



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 _____

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: _____

How did you find us? (please check one)

Internet Phone Book Family/Friend/Business Referral _____

Direct Mail/Postcard Shelter/rescue organization Breeder Street Sign

Other _____

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 Veteranarians. 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.

Photographs of pets may be taken on behalf of Eastside Animal Hospital and can be used for medical record, marketing, or educational purposes.

I understand that there may be risk involved in an 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:

Date: _____	Intials: _____	Date: _____	Initials _____	Date: _____
Date: _____	Intials: _____	Date: _____	Initials _____	Date: _____
Date: _____	Intials: _____	Date: _____	Initials _____	Date: _____