

Seattle Veterinary Associates, Inc., P.S.

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following 3 sections. Fill out one form for each animal.

Owner Information

Owner Name: _____

Co-Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

For non-urgent information about my pet (lab results, for example) I prefer to be contacted by phone ____ email ____

Email Address: _____

Please check preferred contact method.

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Text: Y/N*

Co-Owner Phone: _____ Owner Employer: _____

*We look forward to offering text messaging to our clients in the future. We are currently collecting data to enable us to offer text messaging at a later date.

Emergency contact and Phone #: _____

Eligible for a senior discount? (65 or over) Yes No

How did you hear about us? Friend _____ (Full Name)

SVA Website Facebook/Blog/YouTube Other _____

Patient Information

Name of Pet: _____

Species: Dog Cat Breed: _____ Date of Birth: _____

Sex: Male Female Neutered/Spayed: Yes No

Color / Markings: _____

Previous Veterinary Clinic: _____

Dates / Types of last vaccinations: _____

I hereby authorize the veterinarian(s) and technician(s) of Seattle Veterinary Associates to examine, prescribe for, and treat the above described animal. I assume responsibility for all charges incurred in the care of this animal. I also understand that all charges will be paid at the time of release and that a deposit may be required for certain treatments or surgical procedures.

Method of payment: Cash Check Credit Card

Signature: _____ Date: _____