



|                   |
|-------------------|
| 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 to download on our website [www.elliottbayah.com](http://www.elliottbayah.com)

How did you hear about us?  Animal Control  Hospital Sign  Yellow Pages  Website  AAHA

Veterinary Practice \_\_\_\_\_

Personal Recommendation (whom may we thank?) \_\_\_\_\_

Other \_\_\_\_\_

|                                 |   |       |                 |
|---------------------------------|---|-------|-----------------|
| <b>Client Information</b>       | Drivers License Number or Social Security Number:               |       |                 |
| Owner:                          | Co-Owner:   |       |                 |
| Address:                        | City  | State | Zip             |
| Home Phone Number:              | Alternative / Cellphone Number:                                 |       |                 |
| Place of Employment:            | Work Phone Number:  |       |                 |
| Best time to reach you:         | Would you like to be on our e-mailing list?                     | YES   | NO              |
|                                 | <i>(your e-mail address is not shared with outside sources)</i> |       |                 |
| Are you a senior citizen? (60+) | Yes   | No    | E-Mail Address: |

| 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 four (4) alternatives are convenient to you:

**CASH                      CHECK                      VISA                      MASTERCARD**

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 \_\_\_\_\_

**Thank you for allowing us to care for your pet!**