

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

- How did you hear about us? Animal Shelter Sign/Drive by AAHA Auction Yellow Pages / Dex
 Veterinary Practice Website Yahoo Google
 Personal Recommendation (whom may we thank?) _____
 Other _____

Client Information	Drivers License Number or Social Security Number:
Owner:	Co-Owner:
Address:	City State Zip
Primary Phone Number:	Secondary Phone Number:
Place of Employment:	Work Phone Number:
E-Mail Address: <i>(your e-mail address is not shared with outside sources or placed on a mailing list)</i>	ASK US ABOUT PET PORTALS!

Do we have your permission to post your pet's photo on our website or Facebook page?..... YES NO

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 AMERICAN EXPRESS

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!