

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.

Please print.

Owner Information

Owner Name: _____

Co-Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please check preferred contact method.

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Text: Y/N Co-Owner Phone: _____

Email: _____ Owner Employer: _____

Emergency contact and Phone #: _____

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

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

SVA Website Facebook/Blog/You Tube 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: _____