



Seattle Veterinary Associates, Inc., P.S.

Client/Patient ID

\_\_\_\_\_ -- \_\_\_\_\_

**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**

Primary Owner Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(CHART WILL BE FILED UNDER THIS NAME)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or other preferred contact #: \_\_\_\_\_

Owner Employer: \_\_\_\_\_

Co-Owner Name (if applicable): \_\_\_\_\_

Co-Owner contact phone #: \_\_\_\_\_ Co-Owner Employer: \_\_\_\_\_

Are you eligible for a senior discount (65 or over)?  Yes  No Referred By: \_\_\_\_\_

**PATIENT INFORMATION**

Name of Pet: \_\_\_\_\_

Species:  Dog  Cat Breed: \_\_\_\_\_

Sex:  Male  Female Neutered or Spayed?  Yes  No Date Born (month/year): \_\_\_\_\_

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/or 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  Care Credit

Signature: \_\_\_\_\_ Date: \_\_\_\_\_