



CLIENT INFORMATION

Juanita Bay Veterinary Hospital

Date: _____

Owner's Name(s): _____

Pet(s): _____

Pet Insurance: None Yes (please specify) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

E-mail: _____

Emergency Contact: _____

Phone Number: (____) _____ - _____

Relationship to you: _____

If you are new to our practice, who can we thank for referring you? (Circle one)

Drive By Google Yelp Facebook Seattle Veterinary Specialists

Other (please specify): _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet and any other pets I bring to this hospital. I assume responsibility for all charges incurred in the care of the animal.

****ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED****

Please advise the hospital of a cancellation more than 24 hours in advance. I understand that I will be charged \$50 for every missed appointment and a cancellation made less than 24 hours prior to the appointment.

Signature of client responsible: _____

CONFIDENTIAL