



ECHO RIDGE VETERINARY HOSPITAL

1072C Williams Lake Road ~ Evans, WA ~ 99126

Phone: (509) 684-6062 Fax: (509)684-7948 ECHORIDGEVETS@GMAIL.COM

Responsible party: LAST name _____ FIRST _____

Spouse/Other: LAST name _____ FIRST _____

Mailing Address _____ City _____ State _____ Zip _____

On back of page write directions to your house for house calls

Physical Address (if different from mailing address): _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____ E-mail: _____

Employer's name _____ Phone: _____

SPOUSE'S Phone: _____ CELL: _____ WORK: _____

PREFERRED Contact Person and method: _____ Referred???? Who may we thank? _____

NAME	DATE OF BIRTH	SEX M/F	SPAYED/ NEUTERED Y or N	SPECIES DOG, CAT, HORSE, COW SHEEP, GOAT, ALPACA OTHER	BREED	COLOR/ MARKINGS

HAVE YOUR PET(S) TRAVELED OUT OF THE AREA? YES ___ NO ___ WHERE? _____ WHEN? _____

PLEASE NOTE ANY BEHAVIOR PROBLEMS (which pet) _____

May we post pictures of your pet on social media? Yes ___ No ___

For appointment confirmations preferred method SMS ___ Email ___ or Phone: Home ___ or Cell _____

I understand that annual examinations are strongly recommended for all pets for early detection of problems, discussion of vaccine protocols, and other recommendations. By LAW, for prescriptions refills an annual examine is required, NO EXCEPTIONS. I certify that I am at least 18 years old and am the owner or lawful caretaker of these and any future pets presented to Echo Ridge Vet Hospital. I understand that I am responsible for any and all charges for my pets' medical care.

Responsible Party's Signature _____ Date _____