

## Welcome To Our Practice

**We thank you for the opportunity to provide veterinary care for your pet(s).  
Please take a few moments to fill out this form as completely as possible.**

<b>Client(s) Name:</b>	<b>Cell Phone:</b>
	<b>Home Phone:</b>
<b>Mailing Address:</b>	<b>Work Phone:</b>
street	<b>Alternate Phone:</b>
city state zip	
<b>Residential Address: (if different than above)</b>	<b>E-mail:</b>
street	<b>What is Your Preferred Method of Contact:</b>
city state zip	
<b>Driver's License:</b>	<i>You authorize us to speak to this person about your pet's care in the event we cannot reach you</i>
<b>Exp Date:</b>	
<b>Other Information Our Office Should Know:</b>	<b>Preferred Method for Yearly Pet Reminders:</b>
	Email <input type="checkbox"/>
	Text Message <input type="checkbox"/>
	Postcard Mailed <input type="checkbox"/>

<p><b>FINANCIAL POLICY:</b></p> <p>Our office accepts Cash, Check, All Major Credit Cards, Care Credit, and Scratch Pay.</p> <p><b>Full payment is due at the time of service.</b></p> <p>Clients with payment concerns are asked to discuss this <b>before</b> the examination. An estimate of cost will be provided.</p> <p>Washington State Law requires that each pet be examined yearly to establish a VCPR (veterinary client patient relationship) before ANY prescriptions can be dispensed or written.</p> <p><i>I certify that I am at least 18 years of age and am the lawful owner or caretaker of these and any future pets presented to Echo Ridge Veterinary Hospital.</i></p> <p><b>Your signature below indicates your agreement with this policy.</b></p>	<p><b>PHOTO CONSENT:</b></p> <p>Do we have your permission to share your pet(s)' image and story on social media, our website, and other forms of related media? Please choose an option below:</p> <p>____ <b>Yes.</b> I authorize Echo Ridge Veterinary Hospital to share my pet's photo &amp; story at any time.</p> <p>____ <b>No.</b> I do not authorize this.</p> <p><b>TREATMENT CONSENT:</b></p> <p>I hereby authorize the veterinarian to examine and treat my pet(s) to the best of their abilities. I assume responsibility for all charges incurred in the care of this animal. I acknowledge that medical information will not be released to anyone not indicated on this form without my express permission.</p>
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**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>P E T # 1</b>	<b>P E T # 2</b>
<b>Pet's Name:</b>	<b>Pet's Name:</b>
<b>Date of Birth or Age:</b>	<b>Date of Birth or Age:</b>
<b>Species:</b> <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	<b>Species:</b> <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
<b>Breed:</b>	<b>Breed:</b>
<b>Sex:</b> <b>Spayed/Neutered:</b>	<b>Sex:</b> <b>Spayed/Neutered:</b>
<b>Color/Markings:</b>	<b>Color/Markings:</b>
<b>Previous Veterinary Clinic(s):</b>	<b>Previous Veterinary Clinic(s):</b>
<b>Allergies/Medical Problems:</b>	<b>Allergies/Medical Problems:</b>
<b>P E T # 3</b>	<b>P E T # 4</b>
<b>Pet's Name:</b>	<b>Pet's Name:</b>
<b>Date of Birth or Age:</b>	<b>Date of Birth or Age:</b>
<b>Species:</b> <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	<b>Species:</b> <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
<b>Breed:</b>	<b>Breed:</b>
<b>Sex:</b> <b>Spayed/Neutered:</b>	<b>Sex:</b> <b>Spayed/Neutered:</b>
<b>Color/Markings:</b>	<b>Color/Markings:</b>
<b>Previous Veterinary Clinic(s):</b>	<b>Previous Veterinary Clinic(s):</b>
<b>Allergies/Medical Problems:</b>	<b>Allergies/Medical Problems:</b>
<b>P E T # 5</b>	<b>P E T # 6</b>
<b>Pet's Name:</b>	<b>Pet's Name:</b>
<b>Date of Birth or Age:</b>	<b>Date of Birth or Age:</b>
<b>Species:</b> <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	<b>Species:</b> <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other
<b>Breed:</b>	<b>Breed:</b>
<b>Sex:</b> <b>Spayed/Neutered:</b>	<b>Sex:</b> <b>Spayed/Neutered:</b>
<b>Color/Markings:</b>	<b>Color/Markings:</b>
<b>Previous Veterinary Clinic(s):</b>	<b>Previous Veterinary Clinic(s):</b>
<b>Allergies/Medical Problems:</b>	<b>Allergies/Medical Problems:</b>

