

Welcome To Our Practice

Dr. Kira MacKinnon • Dr. Jenna Barker • Dr. Lyndall Soule



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

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

<p align="center">FINANCIAL POLICY:</p> <p>Our office accepts Cash, Check, All Major Credit Cards, Care Credit, and Scratch Pay. <i>*There is a 3% fee for all credit cards*</i></p> <p>Full payment is due at the time of service.</p> <p>Clients with payment concerns are asked to discuss this before the examination. An estimate of cost will be provided. 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 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.</p> <p>Your signature below indicates your agreement with this policy.</p>	<p align="center">PHOTO CONSENT:</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>___ Yes. I authorize Echo Ridge Veterinary Hospital to share my pet's photo & story at any time.</p> <p>___ No. I do not authorize this.</p> <p align="center">TREATMENT CONSENT:</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>
--	---

Owner Signature: _____ **Date:** _____

Add Pets on Back →

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