

Mercer Island Veterinary Clinic Client and Patient Registration Form

We know you have a choice. Thank you for trusting us with the care of your pets.

Please tell us how you heard about our hospital - we would like to thank anyone who referred you to us:

Phone Book Saw our sign Website Referred by: _____

CLIENT INFORMATION

Name _____ Spouse/Co-owner _____
Address _____ Apt # _____
City, State, ZIP _____
Home phone _____ Office phone _____
Cell #1 _____ Cell #2 _____
email _____
Other authorized representatives _____ Phone _____
EMERGENCY CONTACT _____ Phone _____

PET INFORMATION

Name _____ Dog Cat Other _____
Breed _____ Color _____ M F Neutered? Y N
DOB/Age _____ Last exam/vaccines _____
Medications, allergies or special needs _____
Reason for today's visit _____

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Please be aware that payment is expected at the time services are rendered. Acceptable forms of payment include cash, personal check with proper identification, Visa, MasterCard and many Debit cards.