



Client Information: (Please print legibly)

DATE: _____

Owners Name _____ Email Address: _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Social Security Number _____ Driver's License No./State Issued: _____

Employer: _____ Work Phone: _____

Client Information: (Secondary Owner/Spouse)

Owners Name _____ Email Address: _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Social Security Number _____ Driver's License No./State Issued: _____

Employer: _____ Work Phone: _____

In Case of EMERGENCY, call _____ Phone: _____

How did you hear of us? Website Friend Location/Drove By Other _____

Referred By: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations. State law requires that all dogs and cats be current on their Rabies Vaccination. Vaccinations can be updated at the time of your appointment if your pet is not current.

In signing below, I assume responsibility for all charges incurred. I understand that the **Summitview Cowiche** Veterinary Clinic requires all **payments to be made at the time of services** unless PRIOR arrangements have been made. We will gladly prepare you a written estimate if requested. We accept payment in the form of Cash, Visa, Mastercard, Discover or Care Credit.

Signature _____ Date _____

*Signed by adult party authorized to make medical or financial decisions regarding pets.