

# Ellensburg Animal Hospital

Michael Fuller, DVM  
Daniel D Charlton, DVM  
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[www.eburgvet.com](http://www.eburgvet.com)

*Welcome to our clinic*

*We are glad to have the opportunity to care for your pet*

*To insure your pet gets the best care we can offer, please fill out this form completely.*

*Thank you.*

## NEW CLIENT INFORMATION

**How did you hear about us? \_\_Phone Book \_\_Sign \_\_Friend**

**(If a friend, who may we thank?):** \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ OTHER: \_\_\_\_\_

DRIVER LICENSE: \_\_\_\_\_ (IS THE SECOND # HUSBAND/WIFE/WORK/CELL?)

EMPLOYER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

METHOD OF PAYMENT \_\_\_ CASH \_\_\_ CHECK \_\_\_ CREDIT OR DEBIT CARD

## PATIENT INFORMATION

FIRST PETS NAME: \_\_\_\_\_

(CIRCLE SPECIES) DOG CAT OTHER \_\_\_\_\_ BREED \_\_\_\_\_

SEX \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

IS YOUR PET SPAYED OR NEUTERED? \_\_\_\_\_ MICROCHIP NUMBER \_\_\_\_\_

DOES YOUR PET HAVE ANY EXISTING MEDICAL CONDITIONS? \_\_\_\_\_

VACCINE HISTORY:

DOG

CAT

DATE LAST DONE—DHLPPC \_\_\_\_\_ FVRCP \_\_\_\_\_

BORDATELLA \_\_\_\_\_ FELV \_\_\_\_\_

RABIES \_\_\_\_\_ FIP \_\_\_\_\_

RABIES \_\_\_\_\_

SECOND PETS NAME: \_\_\_\_\_

(CIRCLE SPECIES) DOG CAT OTHER \_\_\_\_\_ BREED \_\_\_\_\_

SEX \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

IS YOUR PET SPAYED OR NEUTERED? \_\_\_\_\_ MICROCHIP NUMBER \_\_\_\_\_

DOES YOUR PET HAVE ANY EXISTING MEDICAL CONDITIONS? \_\_\_\_\_

VACCINE HISTORY:

DOG

CAT

DATE LAST DONE—DHLPPC \_\_\_\_\_ FVRCP \_\_\_\_\_

BORDATELLA \_\_\_\_\_ FELV \_\_\_\_\_

RABIES \_\_\_\_\_ FIP \_\_\_\_\_

RABIES \_\_\_\_\_

Image (photograph/video) consent for: \_\_\_\_\_. I consent to the use of my pets' image to be used on social media and/or websites by Ellensburg Animal Hospital.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_