

# Puget Sound Veterinary Group, PC

2115 Old Highway 99 S, Mount Vernon WA 98273

Phone: (360)416-6944 Fax: (866)572-0330

Email: [Office@PugetSoundVeterinaryGroup.com](mailto:Office@PugetSoundVeterinaryGroup.com)

## WELCOME!

Thank you for giving us the opportunity to care for your pet(s). To allow us to become better acquainted, please fill out the following form. Thank you!

Date \_\_\_\_\_

### CLIENT INFORMATION

Owner First Name	Owner Last Name	Spouse/Other First Name	Spouse/Other Last Name
Address		City	State ZIP
Home Phone	Cell Phone	Alt. Cell Phone	
Employer	Spouse/Other Employer		
Work Phone	Spouse/Other Work Phone		
E-mail address	Alternate E-mail address		
Driver's License #	SSN	Spouse/Other Driver's License #	SSN
Birthday	Birthday		

In case of your absence, is there anyone other than the above mentioned who may authorize treatment of your pet?

Name	Phone #	Name	Phone #
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**All fees are due at the time services are rendered.**

### PATIENT INFORMATION

Name	Microchip/ID	Breed	Color	Sex

\*An additional form is available if you have more animals than will fit in the above space

**How did you become aware of our clinic?**

Drove by  Yellow Pages  Previous client

Personal referral (Whom may we thank?) \_\_\_\_\_

I hereby authorize the veterinarians of PSVG to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this/these animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatments.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_