



Veterinary & Rehabilitation Center
2403 NW Market St. Seattle, WA 98109
Tel: (206) 706-7800 Fax: (206) 706-7803

Client Registration:

Owner Name: _____ Phone: _____

Owner Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Email(s) _____

Please check if you would NOT like to receive our quarterly e-letter.

During regular office hours how would you generally prefer we contact you:

First Phone Number Second Phone Number Email

How did you hear of our clinic?

Sign/Walking By Referral Recommendation Advertising

If recommended, by whom? _____

Pet Health History:

Name of pet _____ Dog Cat

Breed _____ Color _____ Age _____ Birth date if known _____

Male Neutered Female Spayed

Patient Records:

Yes, I would like you to request a copy of my pet(s) previous records. My previous vet is: _____

No, I will call my previous vet to have them fax a copy of my pet(s) records to you.

Reason for visit: _____

Authorization:

- I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet.
- I assume responsibility for all charges incurred in the care of this animal.
- I also understand that professional fees are due at the time services are rendered and that a deposit may be required for surgical treatment.

We will gladly prepare a written estimate if you desire. Please ask any staff member.

Signature: _____ Date: _____

Video-Photo Release

*I grant **Sunset Hill Veterinary & Rehabilitation Center**, its representatives and employees the permission to take pictures and/or video of me and/or my pet(s), and to use, copyright, and/or publish the same in print and/or electronically.*

*I agree that **Sunset Hill Veterinary & Rehabilitation Center** may use such pictures and/or video of me and/or my pet(s) with or without the name(s) of my pet(s) and/or my name and for any lawful purpose, including, for example, such purposes as educational, publicity, advertising, and Web content.*

The above may take photos of me and/or my pet(s)

The above may **NOT** take photos of me and/or my pet(s)

Pet name: _____

Signature: _____ Date: _____