Sunset HILL

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

Patient ID#: _____

Client Registration:

Owner Name: _____ Phone: _____

Owner Name: _____ Phone: _____

Address_____ **City** _____ **State** _____ **Zip** _____

Email(s) _____

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: _____

Please flip over for second side!

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: _____