



(206) 528-3838

# Client Information Sheet

Thank you for allowing GAH to care for your pet. To ensure the best possible care, please fill out this form completely to set up your account. We'll be happy to answer any question you have.

## Client Information (must be 18)

Owner's name:	Co-owner's name:		
Address:	City:	State:	Zip:
Primary Phone:	Alternate Phone:		
Email:	Employer:		

## Pet Information

Pet name:	Species:	Breed:	Color:
Sex:	Spayed/Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Birthday or Age:	
Last Vaccination:	Special medication/ history:		
2 <sup>nd</sup> Pet name:	Species:	Breed:	Color:
Sex:	Spayed/Neutered? : Yes <input type="checkbox"/> No <input type="checkbox"/>	Birthday or Age:	
Last Vaccination:	Special medication/ history:		

## How did you hear about us?

Website <input type="checkbox"/>	Hospital Sign <input type="checkbox"/>	Rescue Organization <input type="checkbox"/>
Yellow Pages <input type="checkbox"/>	Google <input type="checkbox"/>	Other <input type="checkbox"/>
Personal recommendation (whom may we thank?) :		
Name of Past Clinic(s)?		

## Authorization

Permission to Treat:   X _____ Owner/ Agent	I hereby authorize the Greenwood Animal Hospital (GAH) veterinarian(s) to examine, prescribe for, and treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment in full is due at the time this pet is discharged from GAH. I understand that a deposit may be required for necessary treatment and/or hospitalization.
<b>Signature and Date</b>	

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