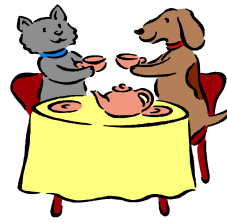


Welcome To
MY PET'S VET CLINIC
12804-A NE 85th STREET
KIRKLAND, WA 98033
(425) 889-0808



ALL FEES ARE DUE AT THE TIME OF SERVICE OR AT THE TIME OF DISCHARGE. We accept cash, Mastercard, Visa & Discover. ***NO CHECKS PLEASE.*** We will provide you with a written estimate of fees for hospital treatment, emergency care, surgery or any other service on request.

YOUR NAME _____			SPOUSE'S NAME _____		
Last	First	Middle Initial			
ADDRESS _____		HOME PHONE () _____			
Street Address					
_____		CELL PHONE () _____			
City	State	Zip Code			
PLACE OF EMPLOYMENT _____			WORK NUMBER () _____		
E-MAIL ADDRESS _____					

If your pet is lost and is wearing a My Pet's Vet Clinic rabies tag, we will release pet and owner information we feel necessary in order to return your pet safely back home.

PET'S NAME _____		BREED _____		COLOR _____		BIRTH DATE _____	
SEX _____		NEUTERED OR SPAYED? _____		HOW LONG HAVE YOU OWNED YOUR PET? _____			
DATE & TYPE OF LAST VACCINATIONS: DATE _____		TYPE _____					
Does your pet have any chronic health problems? _____							
Is your pet currently on any medication or special diet? _____							
Has your pet been hospitalized in the past 6 months? _____		Reason _____					
Previous or Current Veterinary Clinic _____							
Is there any additional information you feel is important to tell us about your pet? _____							

SIGNATURE OF OWNER OR PARTY ASSUMING FULL RESPONSIBILITY FOR PAYMENT AND TREATMENT OF PET :							

<i>(Must be over 18 years of age)</i>							

How did you become aware of our clinic? Please circle one of the following: Verizon Greater Eastside Phone Book

QWest Eastside Phone Book Friend or Relative Sign Humane Society PAWS Web Site

Journal American Redmond Reporter Snoqualime Valley Living Safeway

Other _____