



ANIMAL HOSPITAL OF MAPLE VALLEY

26824 Maple Valley Black Diamond Rd. Maple Valley, WA 98038
(425)432-2999 animalhospitalofmaplevalley@yahoo.com

WELCOME

Thank you for giving us the opportunity to care for your pet(s). We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill out this form completely. Thank you!

Date: _____
Primary Owner Name: _____ Preferred Pronouns: _____
Phone Number: _____ Are we able to text? Yes No
Address (or PO BOX): _____
City: _____ State: _____ Zip Code: _____
Email: _____

Secondary Owner Name (Spouse, Friend, etc.): _____
Phone Number _____ Are we able to text? Yes No

Emergency Contact Name (optional): _____
Emergency Contact Phone Number: _____

Pet Registration(s)

1. Pet Name: _____ Dog Cat Other _____
 Female Spayed Male Neuter Birthdate (Or est. age) _____
Breed: _____ Coat Color: _____

2. Pet Name: _____ Dog Cat Other _____
 Female Spayed Male Neuter Birthdate (Or est. age) _____
Breed: _____ Coat Color: _____

Do you have a previous veterinary that your pets have been too? If so, please write down where so we can give them a call:

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 these charges will be paid at the time of release and that a deposit maybe be required if necessary.

Signature of Owner: _____ Date: _____
Method of Payment: Cash Mastercard Visa Care Credit (Need ID) Trupanion