

# NORTH BEND ANIMAL CLINIC

1615 Bendigo Blvd. N., North Bend, WA 98045 425-888-3300

## CLIENT INFORMATION:

Owner Name \_\_\_\_\_ Spouse/Co-Owner(specify) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Apt. No \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Drivers License OR Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

## OTHER AUTHORIZED REPRESENTATIVES or ALTERNATE CONTACTS:

Name \_\_\_\_\_ Relationship to owner \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

## PATIENT INFORMATION:

Name \_\_\_\_\_ Species(Circle): Canine/Feline/Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex M F Neutered? Y N

Date of Birth/Age \_\_\_\_\_ Last Vaccine Dates \_\_\_\_\_

Medical conditions or allergies \_\_\_\_\_

Reason for today's visit \_\_\_\_\_

How did you hear about us?  Saw our sign  Phone book (specify) \_\_\_\_\_  Other \_\_\_\_\_

**Please Payment is due when services are rendered.** To help reduce our costs to you, we require payment at the time services are rendered. All estimates of costs reflect our best effort to predict fees, but all estimates may vary by up to 20%.

Preferred payment method:  Cash  Check  Visa or Mastercard

*Thank you for your understanding.*

I agree to have my pet's picture and/or my name to be used on North Bend Animal Clinic's website and/or Facebook page. Yes \_\_\_ No \_\_\_  
Initial \_\_\_\_\_

If my pet is found, I authorize release of my contact information so as to reunite me with my pet. (Circle) Y N (Initial) \_\_\_\_\_