Eastside
ANIMAL HOSPITAL
& PET RESORT

Owner and Patient REGISTRATION FORM

Owner _____ _____ _____
Last First Middle

Address _____ _____ _____ _____
Street City State Zip

Primary Phone Number _____ Secondary Phone Number _____

Email _____

Occupation _____ Work Phone _____

Employer _____ _____
Name Address

Spouse or Co-Owner _____ _____ _____
Last First Middle

Employer _____ Cell Phone _____

How did you hear about us? (Please check One) ☐ Referral _____

☐ Facebook ☐ Website ☐ Location ☐ Yellow Pages ☐ Google

PET NO. 1	
Pet's Name	
Birth Date	
☐ Dog ☐ Cat	
Breed	Sex
Color	Neutered?
Date Last Vaccination	
Last Rabies Vaccination	

PET NO. 2	
Pet's Name	
Birth Date	
☐ Dog ☐ Cat	
Breed	Sex
Color	Neutered?
Date Last Vaccination	
Last Rabies Vaccination	

*I hereby authorize **Eastside Animal Hospital**, to examine, prescribe for, treat, or perform surgery upon the above-described pet(s). I also consent to the administrations such anesthetics as are necessary. I give my permission for photo's and videos taken at Eastside Animal Hospital to be shared on their social media sites.*

Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the clinic or when service is otherwise terminated.

I further understand that veterinary service is provided during night time hours as necessary and is the judgment of the veterinarian. Continuous presence of qualified personnel may not be provided at all times.

Please circle your preferred method of payment: ☐ ***Cash*** ☐ ***Check*** ☐ ***Credit/Debit***

Signature of owner or responsible agent _____ **Date** _____