



# ANIMAL SURGICAL CLINIC of SEATTLE

A Better Way To Operate + Since 1986

## CLIENT INFORMATION

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Contact Phone Numbers (in order of preference)

1. ( ) \_\_\_\_\_ Cell Work Home Name \_\_\_\_\_

2. ( ) \_\_\_\_\_ Cell Work Home Name \_\_\_\_\_

3. ( ) \_\_\_\_\_ Cell Work Home Name \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_ Pet's Weight **Today** \_\_\_\_\_

Canine  Feline

Age or Date of Birth \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Male Intact  Male Neutered  Female Intact  Female Spayed

Does your pet have a history of seizures?  Yes  No

Has your pet had any adverse reaction to anesthesia or medication? If so, please describe.

Please list any medication or supplements that your pet is taking now or has taken within the past 2 weeks.

Referring Veterinarian and Hospital Name \_\_\_\_\_

Regular Veterinarian and Hospital Name (if different from above) \_\_\_\_\_

How did you hear about our clinic? (check all that apply)

My Veterinarian  Animal Medical Center of Seattle  Friend/Family Member

Yelp  Google/Search Engine  Facebook  Other Online Source: \_\_\_\_\_

Community Event \_\_\_\_\_  Other \_\_\_\_\_

We often take pictures of our hospitalized patients and post stories on our website, Facebook or Instagram.

Do you authorize use of pictures of your pet for this purpose only?  Yes  No

Signature \_\_\_\_\_