

Perrinville Animal Hospital



Owner's Information Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: Home: _____ Cell: _____ Work: _____

Email Address: _____

Place of Employment: _____ Job Description: _____

Spouse's Information

Name: _____

Phones: Cell: _____ Work: _____

Email Address: _____

Place of Employment: _____ Job Description: _____

Who else, if anyone, is authorized to bring in your pet for treatment? _____

By who were you referred? _____

OUR POLICY REQUIRES PAYMENT AT THE TIME OF SERVICE

FOR THE SAFETY OF OUR STAFF, ALL PETS SEEN WITHOUT PROOF OF A CURRENT RABIES VACCINE WILL BE GIVEN A RABIES VACCINE DURING THEIR EXAM.

Signature of Owner/ Owner's Representative: _____

Beginning January 1st, 2012, all dogs, cats, and ferrets in Washington State must have an up-to-date rabies vaccine. VAC 246-100-197