

**ADVANCED CARE ANIMAL CLINIC  
16820 SMOKEY POINT BLVD SUITE 2  
ARLINGTON, WA 98223  
360-651-8000**

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Would you like to receive confirmation text messages: Y/N

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Owner's Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

How did you hear about Advanced Care Animal Clinic? Circle one

Drove by            Google            Local Business            Facebook

Our Website            Yelp            Banner            Word of mouth

Client            Employee            Other \_\_\_\_\_

Please tell us who we may thank for your referral:

\_\_\_\_\_

**PAYMENT IS EXPECTED AT THE TIME OF SERVICES**

Acceptable payment options:            circle all options that apply to you

Cash    Personal Check    Debit    Visa/MC    Care Credit

Clients Signature \_\_\_\_\_

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Pet's name: \_\_\_\_\_ Dog /Cat: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed/Neutered Y / N Color: \_\_\_\_\_  
Date of Birth / Estimated Age: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Dog /Cat: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed/Neutered Y / N Color: \_\_\_\_\_  
Date of Birth / Estimated Age: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Dog /Cat: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Spayed/Neutered Y / N Color: \_\_\_\_\_  
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Sex: \_\_\_\_\_ Spayed/Neutered Y / N Color: \_\_\_\_\_  
Date of Birth / Estimated Age: \_\_\_\_\_

**Release Authorization**

I, \_\_\_\_\_, give Advanced Care Animal  
Clinic authorization to release the following information:

My pet's vaccine history when requested by: Authorities (such as the police),  
boarding facilities, grooming facilities, etc.

Yes       No

My pet's medical history when requested by other veterinary facilities.

Yes       No

My name and/or phone number to the person finding my pet, in the case my pet  
should become lost or stolen.

Yes       No

Use of my pet's picture for our website or social media. No personal information will  
shared other than your pet's name.

Yes       No