

WELCOME

Northwest Exotic Pet Vet LLC

Client Information

Katrina D. Ramsell Ph.D, DVM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted and ensure the best care possible for your pet(s), please take the time to fill this form out completely. Thank you!

Owner _____
Last First MI

Spouse _____
Last First MI

Address _____
Street City State ZIP

Owner's: Home Phone _____ Spouse's: Home Phone _____
Cell Phone _____ Cell Phone _____
Work Phone _____ Work Phone _____

* If necessary, may we call you at work? Y N

* May we call your spouse at work? Y N

Owner's Email _____ Spouse's Email _____

Place of Employment _____ Title _____

Spouse's Employment _____ Title _____

How did you FIRST become aware of our clinic?

Personal Recommendation → * Who may we thank? _____

Rescue / Shelter Organization → * Which one? _____

Pet / Supply Store → * Which one? _____

Website / Internet

Yellow Pages Other _____

Previous Veterinarian

Number of Pets: Ferrets _____ Rabbits _____ Rodents _____ Reptiles _____ Birds _____ Dogs _____ Cats _____

Other _____

	Name	Species	Breed	Date of Birth	Color	Sex	Spayed/ Neutered
Pet 1:	_____	_____	_____	_____	_____	M / F	Y / N
Pet 2:	_____	_____	_____	_____	_____	M / F	Y / N
Pet 3:	_____	_____	_____	_____	_____	M / F	Y / N
Pet 4:	_____	_____	_____	_____	_____	M / F	Y / N

* I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signed _____ Date _____