

Mukilteo Veterinary Hospital Client Information Form

Dr. Joel Chatterson Dr. Charu Schmees Dr. Kim Anderson Dr. Murayama

Thank you for the opportunity to care for your furry family member!

Names listed below are authorized on account, must be 18 years or older.

(Primary Caregiver)

First Name _____ Last Name _____

Mailing address _____

Street Name City State Zip Code
Phone number() _____ - _____ Cell or Home Phone Number () _____ - _____

(Secondary Caregiver optional)

First Name _____ Last Name _____

Phone number() _____ - _____ Cell or Home

(Additional optional)

First Name _____ Last Name _____

Phone number() _____ - _____ Cell or Home

In order to serve you more efficiently we have upgraded our online services.

*If you choose to have information by text, you will receive several texts for one subject. We are only able to send a limited amount of characters per text.

How would you like to be contacted? Please **circle** all options you would like:

Pet reminders: **Auto Phone** **Text** **Emailed**

Appointment reminders: **Auto Phone** **Text** **Emailed**

Personal messages from the clinic: **Auto Phone** **Text** **Emailed**

Your email is required to receive any hospital news and/or updates. We are only able to use one email per account.

Email address _____ or initial to decline _____

***All hospitalized patients must be current on their Rabies vaccination.**

*If this is your first visit and someone referred you, who should we thank? _____

*Please initial if you authorize photos of your pet(s) for social media: _____

Signature of owner _____ Date _____