



Affordable Pet Clinic, Inc. dba
AFFORD-A-VET ANIMAL CLINIC
 20920 108th Ave SE
 Kent, WA 98031



REGISTRATION FORM

CLIENT INFORMATION

Owner Name (Last, First) _____

Email Address (to be notified of reminders) _____

Co-Owner Name (Last, First) _____

Primary Phone Number _____

Mailing Address _____

Secondary or Co-Owner Phone Number _____

City _____ State _____ Zip cod _____

Driver's License # (To be filled in by Reception) _____

Please tell us how you heard about our clinic (circle below):

Google/Online Search Facebook Yelp Driving By Valpak Money Mailer Kent Reporter
 Friend/Relative: _____ **(Let us know who sent you and they get \$10!)**

PATIENT INFORMATION

Name:		Name:	
Species (Cat/Dog/Other):		Species (Cat/Dog/Other):	
Breed:	Coat Color:	Breed:	Coat Color:
DOB:	Gender (M/F):	DOB:	Gender (M/F):
Spayed/Neutered (Yes or No):		Spayed/Neutered (Yes or No):	
Date of Last Vaccines:		Date of Last Vaccines:	
(Dog) Rabies	H3N2	(Dog) Rabies	H3N2
DHPP/DHLPP	Bordetella	DHPP/DHLPP	Bordetella
(Cat) Rabies	FVRCP	(Cat) Rabies	FVRCP
	FELV		FELV
Physical Activity/Exercise:		Physical Activity/Exercise:	
Pre-existing medical conditions (i.e.: heart murmur, diabetes, etc.):		Pre-existing medical conditions (i.e.: heart murmur, diabetes, etc.):	
Current Medications and Dosage:		Current Medications and Dosage:	

Former/Current Vet or Clinic Name: _____

ALL Payments are due IN FULL at the time of service. _____ (Initial here)

NO CHECKS ACCEPTED. _____ (Initial here)

Payments Accepted: Cash, Debit, MasterCard, Visa, AMEX, Discover, and Care Credit

My preferred method for communication is (circle your preference): Primary Phone Number Email Text Postal Mail

SIGNATURE OF PET OWNER OR PERSON ASSUMING FULL RESPONSIBILITY FOR PET(S) AND PAYMENT OF CHARGES:

Signature (Must be over 18 years of age): _____ Date: _____