

**Bird and Exotic Clinic of Seattle  
1546 N.W. Market St.  
Seattle, WA 91107**

## **DROP OFF APPOINTMENT FORM**

**Client Name:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Number where you can be contacted: (\_\_\_\_\_) \_\_\_\_\_**

**Please describe briefly the signs of illness your pet is showing and when they were first observed:**

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**Please circle one of the following:**

- **Please examine my pet and call me prior to any treatment with a cost estimate.**
- **Please examine my pet and continue with any necessary treatment and/or diagnostics (lab work, x-rays, etc.).**

**Owner's Signature:** \_\_\_\_\_

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

*Full payment is expected when services are rendered Thank you.*