

**Bird and Exotic Clinic of Seattle**

10501 Aurora Ave N

Seattle, WA 98133

(206) 783-4538

**PRIMARY OWNER'S CONTACT INFORMATION** (must be 18 years or older)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

1st Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Circle: ( Home / Cell / Work )

2nd Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Circle: ( Home / Cell / Work )

Email Address \_\_\_\_\_

Workplace Name: \_\_\_\_\_

**SECONDARY OWNER'S CONTACT INFORMATION**

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Circle: ( Home / Cell / Work )

Relationship to you \_\_\_\_\_

**PLEASE PROVIDE ONE OF THE FOLLOWING**

Responsible Party's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License/State ID #: \_\_\_\_\_

**OTHER INFORMATION**

Referred By \_\_\_\_\_

Previous Veterinarian(s) \_\_\_\_\_

If you have an emergency, who should we contact? (if not secondary owner)

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Circle: ( Home / Cell / Work )

Relationship to you \_\_\_\_\_

**I am aware that this office DOES NOT BILL and that I am always responsible for payment at the time services are rendered.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date