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## Welcome To SNOQUALMIE VALLEY ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to provide the following information

Date \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Other # \_\_\_\_\_  
Children living at home (first name & ages) \_\_\_\_\_  
Place of Employment \_\_\_\_\_

In case of EMERGENCY, whom should we contact \_\_\_\_\_ at \_\_\_\_\_

**Note:** Handling your pet during a medical exam carries the risk of bites, scratches etc. If you are concerned about these risks during your pet's visit, please let us know so that we may obtain support from a technician. Snoqualmie Valley Animal Hospital is not liable for any injuries incurred to an owner holding his/her pet during an exam.

Person responsible for payment \_\_\_\_\_ Signature \_\_\_\_\_

Driver's License Information: State \_\_\_\_\_ Number \_\_\_\_\_

### **FEES FOR SERVICES ARE DUE AT THE TIME THEY ARE RENDERED.**

We will gladly prepare a written estimate if you desire. Any check returned will be charged an additional \$25 processing fee.

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How did you first hear about our hospital? (Please check one)

- Yellow Pages    Hospital Sign    Newspaper Ad - Which one \_\_\_\_\_  
 Referral - Whom may we thank? \_\_\_\_\_    Other \_\_\_\_\_

**Our goal is to respect your scheduled appointment. However, if another pet needs our immediate attention, we hope you will understand. We appreciate your patience as we strive to take care of all of our animal friends in a timely manner.**