

New Client Registration Form

Eastside Avian & Exotic Animal Medical Center
13603 100th Avenue NE, Kirkland, WA 98034
Ph: 425-821-6165 • Toll Free: 1-888-821-6165 • Fax: 425-821-6130

***Welcome** to our bird and exotic companion animal hospital.
It is a pleasure for us to serve you.*

Client Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ SSN: _____
(Optional)

Drivers License No. _____
(For Check Payment Only)

Workplace: _____ Phone: _____

Spouse/Partner: _____ Phone: _____

How did you hear about us? _____

I, the undersigned, acknowledge that I am at least 18 years of age and authorized to sign this agreement. I understand that Eastside Avian & Exotic Animal Medical Center does not bill for services and that payment is due in full at the time services are delivered. By signing this form, I understand that I am agreeing to these terms of payment.

Signature of Client **Date:** _____

Dedicated to serving the health care needs of birds and exotic companion animals.