

# Evergreen Avian & Exotic Animal Hospital

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## New Client Registration Form

Client Account # \_\_\_\_\_  
(Hospital Use Only)

### Welcome

*It is a pleasure for us to serve you.*

Client (Your) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive our email newsletter?  Yes  No

Preferred method of communication:  Email  Phone  Mail

Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? (If online, which website?)  
\_\_\_\_\_

May we photograph your pet and post the image(s) online?  Yes  No

**I, the undersigned, acknowledge that I am at least 18 years of age and authorized to sign this agreement. I understand that Evergreen Avian & Exotic Animal Hospital 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. (We do offer CareCredit if you need assistance).**

\_\_\_\_\_  
**Signature of Client** **Date:** \_\_\_\_\_

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