



Eastwaye Veterinary Clinic

4255 US Hwy 70 East • Goldsboro, NC 27534

Ph: (919) 778-3058 • Fax: (919) 778-3949

www.eastwayevet.com

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Pet's Name: _____

Previous Veterinarian: _____

Allergies / Medical Conditions: _____

Species: _____ Breed: _____ Color: _____

Sex: _____ Spayed / Neutered: _____ DOB: _____

If your pet is a dog:

Diet: _____

Flea Control Method: _____ Heartworm Prevention Type: _____

If your pet is a cat:

Diet: _____

Flea Control Method: _____ Indoor / Outdoor: _____

Declawed? Yes No If so, # of feet: _____

Felv Status: _____ Test Date: _____

FIV Status: _____ Test Date: _____



***Payment is due at time of service. We accept cash, personal checks
(with license number), Discover, Visa, Mastercard and American Express.***





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Owner's Name: _____ Date: _____

Spouse / Secondary Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Would you like for us to occasionally email you updates, reminders, etc? Yes No

Owner's Information:

Employer: _____

Work Phone: () _____

Emergency Contact Name: _____ Phone: () _____

Referral:

Circle One:

Internet Vet Connect Person (by whom) _____

Sign Yellow Pages Other (please be specific) _____

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. (SEAL)

SIGNATURE OF OWNER: _____

Circle form of payment: **Cash** **Personal Check (with license number)** **Care Credit**
Discover **Visa** **Mastercard** **American Express**