

Client I.D. _____



2835 19th Ave., Suite 100 | Forest Grove, OR 97116 | (503) 359-9548

We believe that your pets' physical and emotional well-being is our top priority. Because of this belief, our staff practices low-stress techniques that are referred to as Fear Free.

Thank you for the opportunity to care for your pet (s).

CLIENT INFORMATION

First Name: _____ Last Name: _____

Spouse/Partner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

(We use your e-mail address to send patient medical notes, updates and our quarterly newsletter if you opt to receive it.)

How did you hear about us?

Newspaper _____ (which one) **Drove by** _____ **Website (how did you find website)** _____

Personal recommendation _____ (Whom can we thank? _____) **Other** _____

Consent/ Terms of Service

By signing this form you agree to the verbal consent of any treatments/service provided by the veterinarian. The details of treatment, the risks of treatment, and/or the risk of not treating will be explained to you.

PAYMENT IN FULL is required at the time services are rendered. We accept cash, check, VISA, MasterCard, American Express and Care Credit as forms of payment.

All information I have provided here is true to the best of my knowledge. **I have read and understand the Terms of Service.**

Signature _____ **Date** _____

Client I.D. _____

PLEASE LIST ALL PETS IN THE HOUSEHOLD

PET INFORMATION

Pet Name: _____

Age/Birthday: _____ Male Female Spayed/neutered? Yes No

Species (cat, dog) _____ Breed _____ Color _____

Pet Name: _____

Age/Birthday: _____ Male Female Spayed/neutered? Yes No

Species (cat, dog) _____ Breed _____ Color _____

Pet Name: _____

Age/Birthday: _____ Male Female Spayed/neutered? Yes No

Species (cat, dog) _____ Breed _____ Color _____

Pet Name: _____

Age/Birthday: _____ Male Female Spayed/neutered? Yes No

Species (cat, dog) _____ Breed _____ Color _____