

NEW CLIENT/PET INFORMATION

CLIENT INFORMATION

Name _____ Spouse's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell #1 _____ Cell #2 _____

Place of Employment _____ Work Phone _____

E-mail Address _____ Driver's License # _____

OUR OFFICE DOES NOT BILL, PLEASE INDICATE YOUR PREFERRED METHOD OF PAYMENT:

Cash _____ Check _____ Credit Card _____ Care Credit _____

How did you become aware of our veterinary clinic?

Location ___ Yellow pages ___ Internet ___ Personal Recommendation (Name of the person that referred you) _____

PATIENT INFORMATION

Pet #1

Name _____
Breed _____
Age _____
Color _____
Sex _____ Spayed/Neutered _____

Pet#2

Name _____
Breed _____
Age _____
Color _____
Sex _____ Spayed/Neutered _____

Pet # 1 Vaccination History

Current within 1 year: Yes ___ No ___
Dental Cleaning: Yes ___ No ___

Pet #2 Vaccination History

Current within 1 year: Yes ___ No ___
Dental Cleaning: Yes ___ No ___

Our pets are: Member of our family _____ Child's Pet _____ Backyard Pet _____
Guard Animal _____ Barn Cat _____ Working Pet _____

Brief Medical History

Major Illness: _____
Allergies to Medications: _____

If my account is not paid in full as stated on my estimate or invoice, I/We agree to pay all collection costs, interest, attorney fees, and other charges arising out of this account per Oregon trade regulation 646.639 section N. It is further understood that, should My/Our delinquent account be placed with a collection agency, the principal amount will be increased 30% to cover the collection cost. The NSF check fee is \$30.00 and any unpaid balance will incur a monthly finance charge of 24% APR.

PRINEVILLE VETERINARY CLINIC, L.L.C. Julie Thompson
(Representative)

RESPONSIBLE PARTY _____ Date _____