

# 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. All Payments Are Due at Time of Service – Initials:**

How did you become aware of our veterinary clinic?

Location \_\_\_ Google \_\_\_ Yelp \_\_\_ Personal Recommendation (Name of the person that referred you) \_\_\_\_\_

## PATIENT INFORMATION

Previous Veterinary Clinic: \_\_\_\_\_

### 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: \_\_\_\_\_



## **Financial Agreement**

I agree that 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,  
Dr. Rhet Schultz and Steve Middleton (Hospital Representatives)

RESPONSIBLE PARTY \_\_\_\_\_ Date \_\_\_\_\_