



CENTRAL OREGON
ANIMAL HOSPITAL

Welcome

Client Information

Owner(s) First/Last name _____
Mailing Address _____
City _____ State _____ Zip code _____
Primary phone # _____ Secondary phone # _____
Employer _____ Business phone _____
Emergency contact: _____ Phone: _____
Whom may we thank for referring you? _____
E-Mail Address: _____
Would you like to sign up for our on-line medical records and e-mail reminders: Yes No

Pet Information

Pet's name: _____ Species: Dog Cat Other _____
Breed: _____ Color: _____ Age/Birth date: _____
Gender: Male Male Neutered Female Female Spayed
Vaccine History: _____
Major Surgeries or Medical Illnesses: _____
Current Medications (Including vitamins/supplements): _____
Current Diet (Including Treats): _____

Financial Agreement

Thank you for choosing Central Oregon Animal Hospital! Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. We accept cash, check, debit, Visa, Mastercard, Discover, American Express, CareCredit, and Scratchpay.

I authorize treatment, and or surgery of this animal and agree to pay for all charges upon release of this pet. If prior arrangements are made to charge fees, I understand a \$2.50 statement billing fee will be assessed for each monthly statement and in addition a finance charge of 1.5% per month will be added for all balances when account is over 30 days of age.

I understand that in the event any unpaid balance is placed for collections with any third party collection agency a fee of 50% of the unpaid balance will be added to the total amount due. This amount shall be in addition to any other cost incurred directly or indirectly to collect amounts owed under this agreement such as court costs, attorney fees, late fees, and other fees so stated elsewhere. The authorized fee of 50% and the addition costs and charges listed above represent the actual costs incurred by Central Oregon Animal Hospital to collect amounts owed under this agreement and a corresponding decrease in expected revenue resulting from the signer's failure to pay as specified in this agreement.

Signature of Client _____