



MT HOOD PET MEDICAL

Welcome and thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions or address any concerns you may have about your pet's health. To insure that we provide the best care possible, please take the time to fill out this form completely. Thank you!

Client Information:

Name _____ Phone Number _____

Spouse/Significant Other _____ Phone Number _____

Address _____ City _____ Zip _____

Apt/Unit# _____ Email _____

How or why did you select our office? _____

If referred who may we thank? _____

Pet Information:

	Pet #1	Pet #2	Pet # 3
Name	_____	_____	_____
Age	_____	_____	_____
Breed	_____	_____	_____
Color	_____	_____	_____
Sex	_____	_____	_____
Spayed/Neutered	_____	_____	_____
Previous Animal Hospital	_____	_____	_____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pets. I assume responsibility for all charges incurred in the care of this pet. I also understand that the charges must be paid for at the time services are rendered.

Payment Methods We Accept Include: Cash Check Debit/Credit Care Credit Card

Signature of Owner/Authorized Agent
(18 years of age or older)

Date