



WELCOME TO OUR CLINIC

*Our mission is to deliver the finest, most cost effective animal health care treatment available today.
To ensure your pet gets the best care we can offer, please fill out this form completely*

Client Information

Date _____

Owner's Name _____

Spouse _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail Address _____ Cell Phone _____

Driver's Lic. # _____ Spouse Driver's Lic.# _____

Place of Employment _____ Occupation _____

Spouse Place of
Employment _____ Occupation _____

Spouse Work Phone _____ Spouse Cell Phone _____

Do you have a regular vet? Yes ___ No ___

If so, what practice or Doctor? _____

Number of Pets (please specify each type) _____

Pet Health History

First Pet's Name _____ **Breed** _____ **Sex** _____

Spayed /Neutered? Y N Color _____ Date of Birth or Age _____

Avid Chip # _____ Pre-Existing Conditions _____

Medications currently given _____

Date of last Vaccination(s) _____ Vaccines Given _____

Where vaccinations were last performed? _____

Second Pet's Name _____ **Breed** _____ **Sex** _____

Spayed /Neutered? Y N Color _____ Date of Birth or Age _____

Avid Chip # _____ Pre-Existing Conditions _____

Medications currently given _____

Date of last Vaccination(s) _____ Vaccines Given _____

Where vaccinations were last performed? _____

I UNDERSTAND THAT TO PREVENT SPREAD OF INFECTIOUS DISEASE AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF EXTERNAL AND INTERNAL PARASITES.

Initial Here _____



(Over, Please)

How did you hear about us?

- Yellow Pages
- Drove by
- Internet
- Advertisement
- Referral – Whom may we thank? _____

Authorization:

We offer the following payment options:

Cash (5% Discount on your bill)

Debit (5% Discount on your bill)

Check

Visa or MasterCard

CareCredit-Veterinary Services Credit Card*

**This office provides application to a credit service company called CareCredit, a credit line offered by GE Capital Consumer Card Company exclusively for health care needs. Please inquire with a staff member to complete your application and we will process it immediately.*

I understand that I may request a written estimate for any and all services.

I would like an estimate for future services after initial examination: Y N Initial _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered.

Signature of Owner/ Responsible Party
(Must be over 18 years of age)

Date

Emergency Policy

Our client’s emergencies are given immediate consideration. In case of an emergency after hours, contact the clinic and a message number will be given for you to call. This number contacts the answering service who will refer you to the small animal doctor on call. For a Deschutes Animal Clinic Veterinarian to contact you or examine your pet after hours, the pet must be undergoing treatment for the current problem and have been seen in the clinic within the last 2 weeks. There is a special emergency fee for all after hour’s visits in addition to any other charges. All other emergencies will be referred to the Olympia Pet Emergency Clinic.

Please initial here that you have read and understand the after hours emergency policy_____.