



Welcome to Deschutes Animal Clinic!

Client Information

First & Last Name: _____

Spouse/ Co-Client: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Text ☐ Call ☐

Email Address: _____

Alternative Phone Number: _____ Text ☐ Call ☐

How did you hear about us?

____ Website ____ Google ____ Drive By ____ Facebook/Instagram

____ Referred by (please provide their name): _____

Patient Information

Name: _____
_____ Dog | Cat Age: _____

Breed: _____
_____ Color(s): _____

Sex: Male | Female Altered | Intact

Temperament: Friendly | Nervous | Aggressive

Previous history can be found at: _____

Name: _____
_____ Dog | Cat Age: _____

Breed: _____
_____ Color(s): _____

Sex: Male | Female
Intact

Altered |

Previous history can be found at:

Temperament: Friendly | Nervous |
Aggressive

****Payment is due at time of service. We accept Cash, Check, Visa, Mastercard,
Discover, American Express, and Care Credit.****

Signature: _____ **Today's Date:**
