CLIENT INFORMATION

DATE:\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_



**12616 NW 36th Ave., Vancouver, WA 98685 360-546-5534**

# For office use only: Client ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| OWNER INFORMATION PLEASE PRINT | |
| Name: | Primary Contact 🞏 Cell  Phone ( ) 🞏 Home |
| Spouse/  Secondary Owner: | Secondary Contact 🞏 Cell  Phone ( ) 🞏 Home |
| Address: | |
| City: State: Zip: | |
| Primary  Employer: | Work # ( ) Ext. |
| Spouse/  Secondary Employer: | Work # ( ) Ext. |
| E-mail Address: E-mail reminder okay? | |
| ***HOW DID YOU HEAR OF US?*  🞏 Location 🞏 Sign 🞏 Internet/Social Media**  **🞏 Phone Call to Clinic 🞏 Referral: If so who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

*ARE YOU ELIGIBLE FOR ANY OF THE FOLLOWING DISCOUNTS? PLEASE LET US KNOW and PROVIDE PROOF.*

🞏 Senior 65+ (Driver’s License) 🞏 Military Discount (Military ID) 🞏 WAZZU Alumni (Alumni Card)

**PET INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Name: | | | CAT | DOG | Is your pet microchipped? Yes 🞎 No 🞎  # | | |
| Birth date: M/D/Year or Age: | Breed: | | | | Male………..□  Neutered…..□ | Female……..□  Spayed……..□ | Pet Insurance  Yes 🞎 No 🞎 |
| Color & Markings | | Weight | | **Name of Previous Vet/Clinic**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is it OK to call for records? Yes 🞎 No □ | | | |
| DOGS: When did your dog receive his/her last vaccine?DHPP \_\_\_\_\_\_\_\_\_\_\_Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **CATS: When did your cat receive his/her last vaccine?**  FVRCP\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia\_\_\_\_\_\_\_\_\_\_\_ Rabies\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Please list any medical conditions/allergies or any other issues you would like us to know about:** | | | | | | | |
| ***Photo Release Authorization***  *I grant to Neighborhood Pet Clinic, it’s representatives and employees the right to take and/or use photographs of me or my pets and use such photographs with or without my name for any lawful purpose, including for example; as publicity, illustration, advertising, and Web content.*  *I also understand that Neighborhood Pet Clinic does not guarantee that any/all photos taken will be used for publicity, illustration, advertising or Web content.*  *Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | I agree to pay at time of service | | | |
| ***By Cash, Check, VISA, MasterCard, American Express, Discover ,***  ***Care Credit or Debit Card*** | | | |
| *X* Signature of Owner or Owner’s AUTHORIZED AGENT | | | |