



WELCOME! Thank you for the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. Please take time to fill this form in completely, and sign at the bottom. **THANK YOU!**

CLIENT INFORMATION:

Last Name: _____ First: _____

Additional Name on Account: _____

Address: _____ Email Address: _____

City: _____ Zip Code: _____

Main telephone number: _____

Cell phone: _____ Work phone: _____

Driver's License #: _____ State: _____ Expires: _____

ANIMAL INFORMATION:

Name: _____ Breed: _____

Dog: _____ Cat: _____ Birthdate or age: _____

Color: _____

Male: _____ Neutered: _____ Female: _____ Spayed: _____

Oregon Trade Regulation 646.639. Section N

By accepting services offered at Mt Bachelor Veterinary Hospital (MBVH) the Client agrees to pay all collection costs, interest, attorney fees, and any other charges arising out of this account should MBVH place any outstanding indebtedness that has been due for 30 days or more, or refusal to pay for previously agreed upon services, with a collection agency for the collection of any money owed to MBVH. It is understood that should this account be placed with a collection agency, the amount will be doubled to cover collection costs.

Payment is expected at the time of service. We offer a 5% discount for payment with cash. If your check is returned, we will levy a \$25 returned check fee and reverse any discounts that we may have given. We accept most major credit cards & Care Credit.

Cancellation/Missed Appointments: The doctors time is valuable and if you cancel late or miss your appointment you also prevent another deserving client/patient from using that time slot, there for we ask that if need to cancel your appointment please do so 24 hours prior. If you miss your appointment or cancel late you may be charged a no show/ late cancellation fee of \$36.00.

AUTHORIZATION & CONSENT FOR TREATMENT: I am the owner of the above described animal, and I am over 18 years of age. I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I also understand that these charges will be paid at the time of release & that a deposit may be required for surgical treatments.

How did you hear about our hospital?

I was referred by: _____

Internet: _____ Word of mouth: _____ Phone book: _____ Humane Society _____

SIGNATURE: _____ **Date:** _____