



Client/Patient Information Sheet

Owner's Name: _____

Spouse Name: _____

Mailing Address : _____ Zip Code _____

Phone Number: _____ Cell Phone: _____

Email: _____

Referred by: (circle one) Yellow Pages Website Drive by/Sign Newspaper

Client: _____ Other Veterinarian: _____

Saving Grace Other: _____

Owner Information

D.O.B _____

Employer: _____

Employer's Address: _____

Driver's License Number: _____

Spouse Information

D.O.B _____

Employer: _____

Employer's Address: _____

Driver License Number: _____

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Sex: M F Altered Birth Date: _____

Microchip/Tattoo: _____

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Sex: M F Altered Birth Date: _____

Microchip/Tattoo: _____

Please Sign The Following Authorization For Treatment

I hereby authorize the staff of Calapooia Veterinary Center to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital. I understand that any unpaid fees remitted to a collection agency will be subject to a 100% increase and I will be responsible for any fees associated with collections proceedings.**

Signature of Owner/Agent

Date