



DESCHUTES

ANIMAL CLINIC, INC. PS.

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.

When is your appointment scheduled for? _____

Client Information

Owner's Name _____ Spouse _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____ Cell Phone _____

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

Place of Employment _____ Occupation _____

Spouse's Place of Employment _____ Occupation _____

Spouse Work Phone _____ Spouse Cell Phone _____

Do you have a regular vet? Y N

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 _____

Microchip# _____ Pre-existing Conditions _____

Date of Last Vaccination(s) _____ Vaccines Given _____

Where Vaccination were last performed? _____

Second Pet's Name _____ Breed _____ Sex _____

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

Microchip# _____ Pre-existing Conditions _____

Date of Last Vaccination(s) _____ Vaccines Given _____

Where Vaccination 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 _____

continued ...

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
- Debit
- Visa, MasterCard or Discover
- CareCredit-Veterinary Services Credit Card* - www.carecredit.com/vetmed

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

**In case of an emergency after hours, contact:
the Olympia Pet Emergency at 360-455-5155.**

Please initial here that you have read and understand the **after hours** emergency policy. _____