

North Portland Veterinary Hospital
3000 N. Lombard, Portland, OR 97217
p 503.285.0462 f 503.285.7316

Date _____ Office Use Only **** Client ID _____

New Client Information:

Primary Owner Street Address City Email Address Telephone Employer Spouse/Partner Primary Owner Driver's License How did you hear of us? <i>Circle answer</i>	First Name	Middle Initial	Last Name

	City	St	Zip
	_____	_____	_____
	_____		newsletters, health alerts, reminders only
	Home	Work	Mobile
	_____	_____	_____
	First Name	Middle Initial	Last Name
	_____	_____	_____
	Spouse/Partner Driver's License		_____
<input type="checkbox"/> Friend (whom may we thank?) _____ <input type="checkbox"/> Another Clinic _____ <input type="checkbox"/> Day Care / Boarding Facility _____ <input type="checkbox"/> Animal Rescue / Humane Society _____		<input type="checkbox"/> Internet _____ <input type="checkbox"/> Sign (location) _____ <input type="checkbox"/> Yellow or White Pages _____	

Today's Payment Method: Cash Check Credit Card Pre-Approved CareCredit

Referral Hospital Information: Change client classification to Referral Client

Clinic Name	Veterinarian Name
_____	_____
Street Address	

City	St
_____	_____
Telephone	Fax
_____	_____

Pet #1	Pet #2	Pet #3
Pet Name _____	Pet Name _____	Pet Name _____
Family Pet Breeding Show Pet	Family Pet Breeding Show Pet	Family Pet Breeding Show Pet
Female Male Neutered Male Spayed Female	Female Male Neutered Male Spayed Female	Female Male Neutered Male Spayed Female
Birth date / Age ___/___/___	Birth date / Age	Birth date / Age
Dog Cat Other _____	Dog Cat Other _____	Dog Cat Other _____
Breed _____	Breed _____	Breed _____
Color(s) _____	Color(s) _____	Color(s) _____
Markings _____	Markings _____	Markings _____
Microchip # _____	Microchip # _____	Microchip # _____
Last Rabies given ___/___/___	Last Rabies given ___/___/___	Last Rabies given ___/___/___
Last Distemper given ___/___/___	Last Distemper given ___/___/___	Last Distemper given ___/___/___
If Dog, Last Parvo given ___/___/___	If Dog, Last Parvo given ___/___/___	If Dog, Last Parvo given ___/___/___
If Dog, Last Bordetella ___/___/___	If Dog, Last Bordetella ___/___/___	If Dog, Last Bordetella ___/___/___
If Cat, Last Leukemia given ___/___/___	If Cat, Last Leukemia given ___/___/___	If Cat, Last Leukemia given ___/___/___

I am the owner or agent of this pet. I give permission to treat, medicate, and hospitalize this pet. In addition to regular, conventional medical treatment, our veterinarians may decide on an alternative medical approach. I accept financial responsibility for services performed.

Signature of Owner or Agent _____ Date _____