



Our doors never close

### CLIENT INFORMATION

Client Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ E - Mail \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

Boarding Only : Regular Veterinarian \_\_\_\_\_

Do you have Pet Insurance, If yes which company \_\_\_\_\_

How did you become aware of our Hospital?

Yellow Pages       Emergency Hospital       Hospital Sign       Website (wilvet.com)

Other \_\_\_\_\_  Recommended by \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

In my absence the following people have permission to have my pet treated by Willamette Veterinary Hospital

_____	_____	_____	_____
Full Name	Phone Number	Full Name	Phone Number

I understand my emergency contacts need to contact me after the initial exam for an estimated cost and treatment options as soon as possible and that I need to make financial arrangements for emergencies with my emergency contacts before I leave. Until I am contacted I want Willamette Veterinary Hospital to:

Keep my pet alive no matter what       Attempt to stabilize my pet until I can be contacted

Help my pet go peacefully if suffering

Willamette Veterinary Hospital financial policy is **PAYMENT DUE AT TIME SERVICES RENDERED**. Accepted forms of payment are cash, personal check, Visa, MasterCard and Discover. You may also apply for Care Credit, this is a medical credit card offered through our office. Please contact a receptionist for an application or more information. Should your pet require hospitalization or surgery, a medical care plan will be given to you. A deposit of 50% of the estimated cost must be made upon the admittance of your pet to our hospital. The balance must be paid at the time your pet is discharged. If you foresee financial limitations regarding your charges, please notify a staff member as soon as possible.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Entered into Cornerstone: Initials \_\_\_\_\_ Date \_\_\_\_\_