

NEW CLIENT REGISTRATION - 3rd Street Veterinary Hospital - McMinnville, OR

DATE _____

NAME _____ SPOUSE'S NAME _____

STREET ADDRESS _____ CITY _____ ZIP _____

P.O. BOX _____ CITY _____ ZIP _____

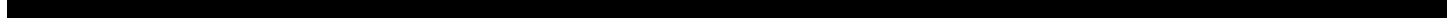
PRIMARY PHONE _____ ALT PHONE _____ SPOUSE'S PHONE _____

EMPLOYER _____ ADDRESS _____

Best time and place to reach you _____

How did you become aware of our clinic? Personal recommendation by: _____
 Yellow Pages
 Internet
 Clinic Sign
 Previous Client
 Other _____

E-Mail Address: _____



PAYMENT POLICY: Payment is expected at the time services are rendered. If for any reason the account becomes delinquent, finance charges and collection fees will be added to the balance. Returned check fee is \$25.00 per check.

Signature _____



OPTIONAL CONFIDENTIALITY RELEASE: In the event that medical records are requested by a third party (veterinary clinic or hospital, boarding or grooming facility) I give permission for all relevant medical history to be released without further contact from Third Street Veterinary Hospital.

Signature _____



Pet's Name _____ Dog Cat Other _____ Birth Date _____
Breed _____ Color and Markings _____
Sex: Male Female Neutered? Yes No

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