

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

DATE _____

CLIENT NAME _____ ALTERNATE CONTACT NAME _____

STREET ADDRESS _____ CITY _____ ZIP _____

P.O. BOX _____ CITY _____ ZIP _____

PRIMARY PHONE _____ ALTERNATE CONTACT PHONE _____

CELL HOME WORK

CELL HOME WORK

I WANT TO RECEIVE TEXT ALERTS & APPOINTMENT REMINDERS Yes / No

EMPLOYER _____

Best time and place to reach you _____

How did you become aware of our clinic?

Personal recommendation by: _____

Internet _____

Previous Client

Other _____

E-Mail Address: _____

I GIVE PERMISSION FOR THIRD STREET VET TO POST MY PET PICS ON SOCIAL MEDIA Yes / No

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 _____

Pet's Name _____ Dog Cat Birth Date _____

Breed _____ Color and Markings _____

Sex: Male Female Spayed / Neutered ? Yes No

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Breed _____ Color and Markings _____

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