



New Client Updating Information

OWNER NAME- (FIRST) (MIDDLE INITIAL) (LAST)

CO-OWNER NAME- (FIRST) (MIDDLE INITIAL) (LAST)

Address: (STREET) (CITY) (STATE) (ZIP)

E-Mail: Senior Citizen (65 yrs. Or over) Yes No

Primary Contact Phone Number: Home Work Cell Home Phone:

Owner's Cell: Co-Owner's Cell:

Employer: (OWNER'S) Work Phone: (OWNER'S)

Employer: (CO-OWNER'S) Work Phone: (CO-OWNER'S)

Emergency Contact: Phone:

PET INFORMATION

Name Canine Feline Other
Breed
Color
Age Sex Altered Yes No
Is your pet current on its Rabies Vaccine? Yes No
Vet Clinic(s) your Pet was seen at:

Name Canine Feline Other
Breed
Color
Age Sex Altered Yes No
Is your pet current on its Rabies Vaccine? Yes No
Vet Clinic(s) your Pet was seen at:

HOW DID YOU FIND OUT ABOUT US?

Hospital Sign Another Client :
 Yellow Pages Another Veterinarian:
 Internet Friend/Family :

HOW WOULD YOU LIKE TO RECEIVE REMINDERS?

Email Text Voicemail/Postcards

Payment Terms:

Our Hospital strives to provide your pet with the best health care possible. We make every effort to keep you informed of costs involved with treating your pet but if you have financial concerns, please be sure to ask for a treatment plan prior to treatments. I understand that payment is due at time of service. We accept payment by Cash, Check, Visa, Mastercard, Discover and Care Credit. Any unpaid balances will accrue interest at 1.5% per month. If the entire balance with accrued interest is not paid within 90 days, reasonable collection fees of 40% will be added to the account and turned over to collections.

Media Release:

I authorize any of my pet's pictures taken by West Eugene Animal Hospital Staff to be used on their internet sites (including social media) and for publicity printing purposes. Yes No

Signature of Responsible Party: Date: