McMinnville Veterinary Hospital
Client Information Sheet

Please complete all information

Owner's name *(include spouse)* : _____

Land line	Cell	Primary		
☐	☐	☐	[ ]	Phone #: (____)_____-_____
☐	☐	☐	[ ]	Phone #: (____)_____-_____
☐	☐	☐	[ ]	Phone #: (____)_____-_____

Street Address: _____

City/State/Zip: _____

Mailing Address *(if different)* : _____

Email: _____

Who/what referred you to our clinic? _____

****

PLEASE NOTE THAT PAYMENT IS DUE IN FULL AT THE TIME SERVICE IS RENDERED.

****

PET INFORMATION

Name: _____ **Birthdate:** _____
Species: Canine Feline Avian _____
Sex: Female Male Spayed Neutered
Breed: _____ **Color:** _____

Name: _____ **Birthdate:** _____
Species: Canine Feline Avian _____
Sex: Female Male Spayed Neutered
Breed: _____ **Color:** _____

Name: _____ **Birthdate:** _____
Species: Canine Feline Avian _____
Sex: Female Male Spayed Neutered
Breed: _____ **Color:** _____

Name: _____ **Birthdate:** _____
Species: Canine Feline Avian _____
Sex: Female Male Spayed Neutered
Breed: _____ **Color:** _____

ACCEPTANCE OF RESPONSIBILITY:

As the owner/responsible agent for the above listed animal(s), I hereby accept full responsibility for charges incurred and understand that payment in full is required at the time of service. There is no billing available through this office.

Signature of owner/agent: _____ Date: _____