

ALOHA DOG & CAT HOSPITAL PC

17335 SW Tualatin Valley Highway, Aloha, Oregon 97006
 phone 503.649.5611 fax 503.649.5961 email adchospital@aol.com

NEW CLIENT INFORMATION

Thank you for choosing Aloha Dog and Cat Hospital for the care of your animals. Please fill out the information below so that we may keep a health care record for reference.

PLEASE PRINT

Owner Name _____

Mr. Mrs. Ms. Dr.

Spouse/Partner Name _____

Mr. Mrs. Ms. Dr.

Address _____

Home Phone _____

Mobile Phone _____

Owner: Place of Employment _____

Work Phone _____

Position _____

License or ID Number/ State _____

Email Address _____

Spouse/Partner: Place of Employment _____

Work Phone _____

Position _____

License or ID Number/ State _____

How did you first become aware of our hospital? Yellow Pages Hospital Sign Web Site
 Personal Recommendation (whom may we thank?) _____ Other _____

| | Today's Patient | 2nd Pet | 3rd Pet | 4th Pet |
|------------------|-----------------|---------|---------|---------|
| Name of Pet | | | | |
| Birthdate | | | | |
| Cat or Dog? | | | | |
| Breed | | | | |
| Color | | | | |
| Sex | | | | |
| Neutered? | | | | |
| Last Vaccinated? | | | | |

Is your pet currently on a special diet or any medication? _____

If yes, please list: _____

Name of past veterinarian? _____ Phone _____

Today's payment will be: Cash Check Visa MasterCard Discover

**** All fees are due upon release of patients. When extensive care is indicated, a deposit may be required up front.

A written estimate will be provided upon request.

Date

Signature of Owner or Authorized Agent