

# ALOHA DOG & CAT HOSPITAL

17335 SW Tualatin Valley Highway, Aloha, OR 97003  
 phone 503.649.5611 🐾 fax 503.649.5961 📧 email [info@alohadogandcat.com](mailto:info@alohadogandcat.com)

Owner Information	
Owner name _____	Spouse's/Partner name _____
How would prefer to be addressed? _____	
Address _____	City _____ State _____ Zip _____
Home Phone _____	Work Phone _____ Cell Phone _____
Spouse/Partner Phone _____	Best number to call (circle one)    Home    Work    Cell
E-Mail address _____	Would you like E-Mail reminders    __Y__N
Owner place of employment _____	Spouse/ Partner place of employment _____

Pet				
Patient info	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species	Dog/Cat	Dog/Cat	Dog/Cat	Dog/Cat
Breed				
Color				
Birthdate				
Sex	Male/Female	Male/Female	Male/Female	Male/Female
Spayed or Neutered?	Yes/No	Yes/No	Yes/No	Yes/No
Current medications and supplements				
Current diet				

Previous animal hospital: \_\_\_\_\_ Previous animal hospital phone number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

May we share your pet's photo(s) on our website, Facebook, etc.? \_\_\_\_\_ \_\_Y\_\_N

Payment Information	
<b>Payment in full is required at the time services rendered. Please circle your form of payment:</b>	
Cash	Check    Visa    Mastercard    Discover    American Express    Care Credit

### Release and Authorization

**I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume financial responsibility for all charges incurred . I understand that I will be given an explanation of necessary procedures and an estimate of costs upon request.**

Signature \_\_\_\_\_

Date \_\_\_\_\_