



Paws & Claws Pet Medical Center

Entered

Client Registration Form

Account # _____

Welcome to Paws & Claws Pet Medical Center. Thank You for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To ensure the best care possible, please take the time to fill this form out completely. Thank You!

Name: _____ Co-Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Occupation: _____ Employer: _____

Email Address: _____

How did you hear about us: _____

(Person's name, Google, P&C Website, Phone Book, Other)

Patient Information

Name: _____ Species: Feline Canine Other: _____ Birth Date: _____

Please Circle: Male - Neutered / Female - Spayed Breed: _____ Color: _____

Are vaccines up to date? No Yes If Yes, Date and location last vaccinated _____

Where can we obtain records? _____

Current Medication, if any: _____ Long Term Problems, if any: _____

Reason for visit: _____

Treatment & Payment Information

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my animals. In the event of an emergency, and I am unavailable, I authorize treatment and stabilization of my pets.

I also understand that full payment is due when services are rendered and that a deposit will be required for surgical or medical treatment.

Accepted Methods of Payment: Cash Debit Card Visa / MasterCard / Discover / American Express Care Credit
*We do not accept checks

Signature of Owner or Agent: _____ Date: _____

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