



Paws & Claws Pet Medical Center

Client Update Form

Welcome to Paws & Claws Pet Medical Center. Thank you for giving us the opportunity to care for your pet. To ensure the best care possible, please take the time to fill this form out completely. Thank You!

Owner Information

Owner Name: _____ Cell Phone: _____
Co-Owner: _____ Co-Owner Cell Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred Phone: _____ (This will be the primary number we contact regarding your pet(s))
Email Address: _____ Other Phone Number: _____
Emergency Contact: _____ Emergency Phone: _____

Photo Release Waiver

I grant Paws & Claws Pet Medical Center the right to take photographs of my pet(s). I allow them to use the images for my pet's medical record and also, unless opted out below, for potential use in their marketing and social media.

To opt out: ☐ Paws & Claws Pet Medical Center may NOT take/use photos of my pet(s) for marketing purposes.

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 understand a missed appointment without 24 hours notice can result in a missed appointment fee. I understand that multiple missed appointments may result in no longer being able to have my pets seen at this facility. I also understand that full payment is due when services are rendered and that a deposit may be required for surgical/medical treatment.** Paws & Claws accepts Cash, Debit/Credit Cards & Care Credit. CHECKS ARE NOT ACCEPTED.

Signature of Owner or Agent: _____ Date: _____

26745 SE Stark Street, Troutdale OR, 97060 (503) 661-1833 www.pawsandclawsvet.com