



## New Client Form:

Thank you for the opportunity to care for your family member. So that we may become better acquainted, please complete the following information.

### Owner(s) Information:

Name of owner: \_\_\_\_\_

Name of partner/spouse: \_\_\_\_\_

Current Address

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(State) \_\_\_\_\_ (City)  
(Zip Code)

Owner phone number(s)

\_\_\_\_\_  Cell  Landline \_\_\_\_\_  Cell  Landline \_\_\_\_\_  
(Primary) (Secondary) (Work / Other)

Partner/spouse phone number \_\_\_\_\_  Cell  Landline

Owner email: \_\_\_\_\_

Partner/Spouse email: \_\_\_\_\_

How did you hear about us?  Internet  Personal Client Recommendation  Referral from my veterinarian

**Please list all veterinarians that should be informed of your pet's visit here today.**

Primary Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

Specialty Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

Specialty Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

### Patient Information:

Pet Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female  Neutered/Spayed

### History

Reason for Visit:

Other Medical conditions your pet is currently being treated for: \_\_\_\_\_

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Current medications (please bring to your appointment): Is your pet currently receiving medications to prevent heartworm/fleas/ticks? Please list all medication(s): \_\_\_\_\_

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What diet is your pet currently being fed? \_\_\_\_\_

The majority of correspondence will be sent by via email, or text to reduce environmental impact.

**Cancelled/Missed Appointment Policy:**

We all have times when an unforeseen situation arises and cause the cancellation of an appointment at the last minute. It happens to everyone. However, if an appointment is cancelled more than once within 48 hours of that scheduled appointment, or more than one appointment is missed without notification, the full amount of that appointment will be billed to you. We may also ask that you pay a nonrefundable deposit when rebooking. Clients who are more than 10 minutes late may be asked to reschedule.

Please, just be considerate  I agree to the cancellation policy above

**Media consent:**

Heart of Oregon Veterinary Cardiology may publish photos of me and/or my pet for educational and promotional purposes including the business website, Facebook, and/or publications.  Check to decline.

**Financial Information:**

Heart of Oregon Veterinary Cardiology accepts cash, check, debit cards, Visa/MasterCard/American Express/Discover card and Care Credit for payments. Payment is always due at the time of service. There is no billing permitted for services. If payment is not received at the time of service there is a 10% per month billing fee, and non-payment is sent to collections at 90 days. There is a \$30 returned check fee.

By signing this statement, I signify that I agree and accept these financial conditions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_