



Patient and Client Information Sheet

Thank you for giving Hillsboro Veterinary Clinic the opportunity to care for your pet.
So that we may become better acquainted, please complete the following.

Owner(s) Ms./Mrs./Mr./Dr.: _____

Any Additional Authorized Guardians: _____

Address: _____ APT# _____ City/State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email (required): _____

Employer: _____ Phone: _____

How did you become aware of our clinic? Street Sign Web Site Facebook Google

Referral (Whom can we thank for your visit?) _____

Do you have pet insurance? No Yes what type? _____

Are you interested in learning about our Wellness Plans? Yes No

Pet Information (please fill in the following for each pet)

	Pet 1	Pet 2	Pet 3
Name of Pet:			
Species: (Dog, Cat)			
Breed:			
Color/Markings:			
Date of Birth or Age:			
Sex of Pet:			
Spay or Neutered?			
Name/location of Previous Vet for Records?			

Payment is to be made at the time of service.

We accept cash, personal checks, VISA, MasterCard, Discover, American Express, and CareCredit.

By signing this document you verify that you are at least 18 years of age, the legal guardian of this pet, and agree to accepting complete financial responsibility for all services and products provided.

Client Signature: _____ Date: _____

503-648-4117

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