



HILLSBORO
VETERINARY CLINIC

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) Mrs./Mr./Dr.: _____

Any Additional Authorized Guardian: _____

Are you the Legal Owner(s) of the Animal(s)? Yes No

Address: _____ APT #: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Employer: _____ Phone: _____

How did you hear about our clinic? Website Advertisement Google Facebook

Other: _____

Do you have insurance? Yes No What type?: _____

Are you interested in learning about our Wellness Plan, tailored to your pet's needs? Yes No

Pet Information (please fill out for each pet)

	Pet 1	Pet 2	Pet 3
Name of pet			
Species (Cat/Dog)			
Breed			
Color/Markings			
DOB or Age			
Gender of pet			
Spay or Neutered?			
Name/location of previous Veterinarian for records?			

Payment is to be made when service is performed or when you pick your pet up. We accept cash, personalized checks, VISA, MasterCard, Discover, and CareCredit.

By signing this document, you agree to accept all financial responsibility for any and all treatments performed, and that you are at least 18 years of age.

Client Signature: _____ Date: _____

Thank you for giving us this opportunity to serve you!



Ask us about Petly™ Plans
right meow!