

WELCOME TO NEWBERG VETERINARY HOSPITAL!

Client Information Form

Please take a few minutes to fill out this form as completely as possible. We look forward to working with you and caring for the needs of your pets.

Name _____ Primary phone _____
Last First Middle Initial

Spouse's Name _____ Secondary Phone _____
Last First Middle Initial

Mailing Address or PO Box _____

City _____ State _____ Zip Code _____

Physical Address (if different from above) _____

City _____ State _____ Zip Code _____

Driver's Lic# _____ State Issued _____ Date of Birth _____ Social Sec# _____

Employer _____ Phone _____ Occupation _____

Employer Address _____ City _____ State _____ Zip _____

Do you or your spouse qualify for a Senior Citizen Discount? (65+ years of age): _____

Notify in case of any emergency (if you are not reachable) _____
Last First

Home Phone _____ Cell Phone _____ Work Phone _____

Please provide your email address _____

Hospital Policy

A deposit may be required for appointments, hospitalization and/or surgeries. I acknowledge that Newberg Veterinary Hospital has a 24-hour cancellation policy. If I do not cancel an appointment or surgery at least 24 hours ahead of the scheduled appointment time, I am aware that I will forfeit any money collected by Newberg Vet at the time of scheduling.

To provide the best care for your pets, we require that ALL hospitalized and boarded pets MUST be current on all vaccines and free of internal and external parasites. The signature below authorizes this level of preventative care and appropriate charges will be assessed on the discharge invoice.

ALL PROFESSIONAL FEES ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED.

We accept: Mastercard, Visa, Discover, American Express, CareCredit, or Cash.

I/We understand and agree that any credit granted shall be paid promptly in accordance with the terms and agreements and that the credit grantor may add a minimum finance charge of \$2.00 or 1.5% per month to any balance owed. In the event of default, I hereby agree to pay the 35% collection charges and/or attorney/court fees if applicable. There will be a \$35 service fee on any check returned to us from the bank. I/We have read the above information and fully understand why I am signing.

Signature of Responsible Pet Owner(s) _____ Date _____