

Country Animal Hospital

78719 S. Hwy 207
Hermiston, OR 97838

Phone: (541) 567-6086

Fax: (541) 564-9865

www.CountryAnimalHosp.com

Thank you for giving us the opportunity to care for your pet.

We will gladly prepare a written estimate if you desire, please ask the technician or doctor before treatment.

To insure the best care possible, please take the time to fill in this form completely. Thank you!

About You

Today's Date _____

Your Name (First and Last): _____ Spouse's Name: _____

Your Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Spouse's Phone: (____) _____

Driver's License Number: _____ Spouse's DL Number: _____

Employer: _____ Spouse's Employer: _____

Emergency Contact Name: _____ Phone: (____) _____

Would you like to receive CAH's monthly newsletter? Yes No By Mail or Email? (circle one)

Would you like to receive emails for reminders and specials? Yes No

E-Mail Address: _____

What brought you to Country Animal Hospital?

Yellow Pages _____ Newspaper Ad _____ Word of Mouth _____

Search Engine _____ Website _____ Other _____

About Your Pet

Pet's Name: _____ Species: Dog Cat Other: _____

Breed: _____ Color: _____

Date of Birth/Estimated Age: _____ Gender: Male Female

Is your pet Spayed or Neutered? (Please circle one) Yes No

Does your pet have a Microchip? Yes No What type? AVID Home Again Other: _____

Vaccinations/Check-ups/Tests

Physical Exam Yes/No Date: _____ Rabies Yes/No Date: _____

Rabies Yes/No Date: _____ FVRCP-C Yes/No Date: _____

Dhlpp/c Yes/No Date: _____ FeLV Yes/No Date: _____

Bordetella Yes/No Date: _____ Fecal Test Yes/No Date: _____

Flea Preventative Yes/No Type: _____ Heartworm Test Yes/No Date: _____

What are you feeding your pet? _____

Origin of Pet: _____ Humane Society _____ Pet Shop/Kennel _____ Advertisement/Breeder

_____ Friend _____ Stray _____ Individual (Non-Breeder) _____ Other

ALL FEES MUST BE PAID AT THE TIME SERVICES ARE RENDERED.

Country Animal Hospital does not carry accounts and does not accept payments/payment plans.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I have read and understand CAH's financial policy.

Signature _____ Date _____