

ANIMAL DERMATOLOGY CLINIC

7023 S.W. Beaverton Hillsdale Hwy.

Portland, OR 503-297-2225

INFORMATION FOR OUR FILES

OWNER'S NAME	_____	SPOUSE/OTHER	_____
ADDRESS	_____		
CITY	_____	STATE, ZIP	_____
TELEPHONE	_____	_____	_____
	HOME	WORK	CELL PHONE
FAX	_____	EMAIL	_____
EMPLOYER	_____	SPOUSE EMPL	_____

**WE WILL PREPARE A WRITTEN ESTIMATE OF OUR FEES IF YOU NEED ONE.
PLEASE ASK THE DOCTOR, RECEPTIONIST OR TECHNICIAN FOR FEE QUOTES.**

***** PROFESSIONAL FEES ARE DUE THE DAY OUR SERVICES ARE RENDERED *****

PET'S NAME	_____	SPECIES	DOG	<input type="checkbox"/>	CAT	<input type="checkbox"/>
BREED	_____	COLOR	_____			
SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> NEUTERED	<input type="checkbox"/> FEMALE	<input type="checkbox"/> SPAYED	WEIGHT	_____
BIRTH DATE	_____	TIME OWNED	_____			
DOES YOUR PET HAVE ANY KNOWN ALLERGIES TO MEDICATIONS OR VACCINES?						

WHAT IS THE NAME OF YOUR PRIMARY CARE VETERINARY CLINIC OR DOCTOR?						

PLEASE INDICATE HOW YOU HEARD OF OUR CLINIC; OR IF THERE IS SOMEONE WE CAN THANK FOR REFERRING YOU TO US:

TELEPHONE BOOK	<input type="checkbox"/>	CLINIC SIGN	<input type="checkbox"/>
FRIEND/RELATIVE	<input type="checkbox"/>	GROOMER/BREEDER	<input type="checkbox"/>
ON LINE (GOOGLE, ETC.)	<input type="checkbox"/>	OUR WEBSITE	<input type="checkbox"/>
REFERRING VETERINARIAN	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
DO YOU HAVE PET INSURANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

WHAT IS THE NAME OF YOUR PET INSURANCE COMPANY? _____