



Phone: (503) 682-3737
Fax: (503) 682-3540



Phone: (503) 982-5701
Fax: (503) 982-5718

Welcome!

Owner (1) _____ Owner(2) _____

Home Address _____

Mailing Address (if different than above) _____

City/State _____ Zip _____ County _____

Primary Phone _____ Secondary Phone _____

Cell (if different from above) _____

Email Address (1) _____

Emergency Contact _____ Phone _____

How did you hear about us? (circle one) Location/Sign Newspaper Internet Search
Personal Referral (please tell us who, so we can thank them) _____

Pet Information

Name _____ Breed _____ Color _____ Female Male

Neutered/Spayed? _____ Date of birth _____

Name _____ Breed _____ Color _____ Female Male

Neutered/Spayed? _____ Date of birth _____

Are you a breeder? Yes/No Breeds _____

May we give your phone number to persons interested in your breed? Yes/No

I understand that full payment is due at time of service.

Please circle payment method: Cash Check Visa/Mastercard Discover

I understand that, should a balance occur on my account, a minimum \$3 or 1.5% service charge will be assessed on the balance due on a monthly basis

I authorize the Wilsonville Veterinary Clinic to perform emergency treatment for my animals until I can be reached.

SIGNATURE _____ DATE _____

Jennifer Anderson, DVM Kristen Hardinge, DVM Cheryl Lopate, MS, DVM, DACT
Kristen Beckley, DVM Sam Tepper, DVM