

# Four Rivers Veterinary Clinic

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We appreciate the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please fill out this form completely and also sign and date the bottom.

Thank you!

## Owner Information

Owner's Name \_\_\_\_\_ Soc. Security #*req for checks* \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Soc. Security #*req for checks* \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone #'s \_\_\_\_\_  
**Do we have permission to text you?** Yes  No   
Name of Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Spouse's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
How did you hear about us and to whom may we thank? \_\_\_\_\_

## Pet Information

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Dog  Cat   
Breed \_\_\_\_\_ Color \_\_\_\_\_ Male  Female  Spayed/Neutered   
Pet's Current Medications \_\_\_\_\_  
Date Last Vaccination Given \_\_\_\_\_  
Previous Veterinarian (If Applicable) \_\_\_\_\_

**Consent for treatment/examination:** I am 18 years of age or older and authorize the Veterinarians and staff of Four Rivers Veterinary Clinic to examine my pet and administer treatment as is considered necessary for my pets condition.

I agree to pay for all services rendered on behalf of my pet at the time services are performed. We accept cash, check, Visa™, Mastercard™, Discover™ and CareCredit™ for payment. If price is an issue please discuss this with a staff member prior to treatment.

I also understand that for extensive procedures an initial payment of one-half the estimate charges may be required before my pet is admitted. Estimates for services will be prepared upon request at the time of examination of pet. I understand that Four Rivers Veterinary Clinic may refuse to provide services for any reason.

Signature of Responsible Party (must be 18 years of age) \_\_\_\_\_ Date: \_\_\_\_\_