

REGISTRATION FORM

CLIENT INFORMATION

Date _____

Owner's Name _____ Home Phone _____

Address _____ City _____ State _____

Zip Code _____ Driver's License # _____ Work Phone _____

Employer _____ HowLong _____ Occupation _____

Email _____

Spouse's/Partner's Name _____ Phone _____

PET INFORMATION

Pet's Name _____ Pet's Name _____ Pet's Name _____

Species: __Dog __Cat Species: __Dog __Cat Species: __Dog __Cat

Breed _____ Breed _____ Breed _____

Color _____ Color _____ Color _____

Birth date __/__/__ Birth date __/__/__ Birth date __/__/__

Sex __M __F __Altered (Fixed) Sex __M __F __Altered (Fixed) Sex __M __F __Altered (Fixed)

Microchip# _____ Microchip# _____ Microchip# _____

VACCINATION INFORMATION (dates of last vaccination)

Rabies __/__/__ Rabies __/__/__ Rabies __/__/__

DOG DOG DOG

Distemper __/__/__ Distemper __/__/__ Distemper __/__/__

Bordetella __/__/__ Bordetella __/__/__ Bordetella __/__/__

CAT CAT CAT

FVRCP __/__/__ FVRCP __/__/__ FVRCP __/__/__

FELV FELV FELV

c __/__/__ FELV __/__/__ FELV __/__/__

Prior Veterinarian and/or Clinic _____

PAYMENT INFORMATION

Method of payment __Cash __Check __Credit/Debit Card __Other _____

Do you have Pet Insurance? __yes __no If yes, with which company? _____

I understand that all fees are due at time services are rendered . There is a \$25.00 charge on all returned checks.

Responsible party or owners signature: _____

HOW DID YOU HEAR ABOUT US?

__yellow pages __newspaper __hospital sign __internet/webpage _____ __other _____

__personal recommendation whom may we thank? _____

We appreciate the opportunity to help you and your pet!

Gateway Veterinary Hospital ¥ 11222 NE Halsey ¥ Portland, OR 97220 ¥ 503-253-2142