

CASCADE VETERINARY CLINIC, INC., P.S.

CLIENT INFORMATION SHEET

Date _____

First Name _____ Last Name _____

Alternate(Spouse's) First Name _____ Alt. Last Name _____

Mailing Address _____ Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone: _____

Employment _____ Work Phone _____

Spouse's Employment _____ Work Phone _____

Is there an alternate contact person?(nearest relative): _____

Is there an alternate phone: _____

Email Address: _____ (for reminders only)

Are you a Senior Citizen (62 or older)? Yes _____ No _____

Other than spouse is there anyone else allowed to request medical services for your pets.
Please specify: _____

Please provide your driver's license to the receptionist for proper verification. A copy of your license will then be placed in your file for future reference.

I have been provided a copy of Cascade Veterinary Clinic Financial Policy and understand that payment is due in full at time of services. I will be paying by:

Cash: _____ Check: _____ Credit/Debitcard: _____

If necessary the above numbers can be used for collection purposes

Signature: _____

How did you hear about us?

INTERNET ___ RADIO ___ REFERRAL CARD ___ YELLOW PAGES ___ COUPON ___

FRIEND/FAMILY _____ SPORTING EVENTS _____

(Please turn to other side and complete information on pets.)

Pet's Information:

Name _____ Age/D.O.B. _____

Breed _____ Color _____ Wt: _____

Circle One: Canine Feline Avian Reptile Other _____

Circle One: Male Male Neutered Female Female Spayed

Name _____ Age/D.O.B. _____

Breed _____ Color _____ Wt: _____

Circle One: Canine Feline Avian Reptile Other _____

Circle One: Male Male Neutered Female Female Spayed

Name _____ Age/D.O.B. _____

Breed _____ Color _____ Wt: _____

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Breed _____ Color _____ Wt: _____

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