CLIENT ID:_____

WELCOME!

Laurelhurst Veterinary Hospital

503-233-5222—www.lvhvet.com

Primary Client Name:		
Secondary Client Name:		
Mailing Address:		
City/State/Zip:		
Primary Email Address: *(Email address used for newsletters, health alerts & reminders from LVH only. Please list only one email address.)*		
Primary Telephone		
Contact:	Number:	Type:
Additional Telephone(s)		
Contact:	Number:	Type:
Contact:	Number:	Type:
In Case of Emergency: *(Please provide the number of a contact that does not live with you)*		
Contact:	Number:	Type:
Employer Name:		
Contact:	Number:	Ext:
Drivers License: *(Required only if you will be paying by check)*		
How did you learn about our clinic?		

All fees are due at the time services are rendered. We accept cash, check, debit, Visa, MasterCard, American Express, Discover, and Care Credit. In the case of extensive medical services, a deposit may be required. We will gladly prepare an estimate for services, upon request. There will be a $25.00 charge for all returned checks. I certify that all information I have provided above is true and complete. I understand and agree to the terms of payment for services provided by Laurelhurst Veterinary Hospital.

Signature of Client *Today's Date*