

North Portland Veterinary Hospital
3000 N. Lombard, Portland, OR 97217
p 503.285.0462 f 503.285.7316
www.northportlandvet.com

Date		Office Use Only ****	Client ID _____
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New Client Information:			
Primary Owner	First Name	Middle Initial	Last Name
Street Address			
City	State		Zip
Email Address	newsletters, health alerts, reminders only		
Telephone	Home	Work	Mobile
Employer			
Spouse/Partner	First Name	Middle Initial	Last Name
Primary Owner Driver's Licence	Spouse/Partner Driver's License		
How did you hear of us?	Yellow Pages _____ Location _____ Newspaper or Magazine Advertisement Another Clinic _____ Friend (whom may we thank?) _____		
Today's Payment Method: Cash Check Credit Card Pre-Approved CareCredit			

Referral Hospital Information:		Change client classification to Referral Client	
Clinic Name		Veterinarian Name	
Street Address			
City	State		Zip
Telephone	Fax		

Pet Information:			
1st Pet Name		2nd Pet Name	
Classification: Family Pet Breeding Show Pet		Classification: Family Pet Breeding Show Pet	
Sex: Female Male Neutered Male Spayed Female		Sex: Female Male Neutered Male Spayed Female	
Birth Date / Age		Birth Date / Age	
Dog Cat Other	Breed	Dog Cat Other	Breed
Color	Markings	Color	Markings
If Dog	Last Rabies Vaccine / /	If Dog	Last Rabies Vaccine / /
	Last Distemper Vaccine / /		Last Distemper Vaccine / /
	Last Parvo Vaccine / /		Last Parvo Vaccine / /
	Last Bordetella Vaccine / /		Last Bordetella Vaccine / /
	Heartworm Preventative? Yes No		Heartworm Preventative? Yes No
If Cat	Last Rabies Vaccine / /	If Cat	Last Rabies Vaccine / /
	Last Leukemia Vaccine / /		Last Leukemia Vaccine / /
	Last Distemper Vaccine / /		Last Distemper Vaccine / /
Microchip ID		Microchip ID	

I am the owner or agent of this pet. I give permission to treat, medicate, and hospitalize this pet. I accept financial responsibility for services performed.

Signature of Owner or Agent _____ Date _____