

**MYRTLE VETERINARY HOSPITAL**

1980 Roseburg Rd., Myrtle Point, OR. 97458 (541)572-2636 Fax #(541)572-4116

366 N. Central, Coquille, OR. 97423 (541)396-2129 Fax #(541)824-0226

**CLIENT INFORMATION:** (Please print)

OWNER(S) \_\_\_\_\_ SPOUSE: \_\_\_\_\_

First name Last name First name Last name

Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_ / Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

Soc.Sec.# \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zipcode

Mailing address \_\_\_\_\_

Street City State Zipcode

Phone #( ) \_\_\_\_\_ Work #( ) \_\_\_\_\_

Cell #( ) \_\_\_\_\_ Message #( ) \_\_\_\_\_

**E-MAIL Address:** \_\_\_\_\_

HOW DO YOU PLAN TO PAY FOR SERVICES? ( ) Visa ( ) Mastercard

(Payment is due at time of service) ( ) Cash ( ) Check

**How did you hear about us?** \_\_\_\_\_

**PET(S) NAME:**

1. \_\_\_\_\_ SPECIES \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ (MALE) (FEMALE) OR (SPAYED) (NEUTERED) AGE \_\_\_\_\_

2. \_\_\_\_\_ SPECIES \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ (MALE) (FEMALE) OR (SPAYED) (NEUTERED) AGE \_\_\_\_\_

**MEDICAL HISTORY:** \_\_\_\_\_

**MEDICATIONS:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**VACCINATIONS HISTORY:**

Has your animal had these vaccinations within the last year?

Feline (Cat): (DISTEMPER) (FELINE LEUKEMIA) (UPPER RESPIRATORY) (RABIES)

Canine (Dog): (DISTEMPER) (PARVO) (HEPATITIS) (PARAINFLUENZA)

(BORDETELLA) (RABIES)

**WHO WAS YOUR PREVIOUS VETERINARIAN:** \_\_\_\_\_

(Address & Phone) \_\_\_\_\_

**WHO WILL YOU ALLOW TO PICK UP YOUR ANIMALS?**

1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

**IF IT IS NECESSARY TO REFER THIS ACCOUNT FOR COLLECTION, BUYER AGREES TO PAY SELLER REASONABLE ATTORNEY FEE'S AND COLLECTION COSTS INCLUDING ANY COLLECTION FEE'S CHARGED BY A COLLECTION AGENCY, EVEN THOUGH NO SUIT OR ACTION IS FILED. IF A SUIT OR AN ACTION IS FILED THE AMOUNT OF SUCH REASONABLE ATTORNEYS FEE'S OR COLLECTION CHARGES SHALL BE FIXED BY THE COURT OR COURTS IN WHICH THE SUIT OR ACTION INCLUDING ANY APPEAL THEREIN, IS TRIED, HEARD OR DECIDED.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_