



Welcome to Clackamas County Veterinary Clinic

1678 S. Beaver Creek Road
Suite F
Oregon City, OR 97045

Phone: 503-657-3171
Fax: 503-657-0359
Email: ccvc@bctonline.com

Your
Name

Spouse Name

Address

City, Zip

Home Phone
Cell Phone

Spouse
Cell Phone

E-mail Address

Other Phone

How did you hear about our clinic? Website Phone Book Drive by

Recommendation? If so, whom may we thank?

Your special companions...

Pet Name	Dog	Cat	Male	Female	Spayed or Neutered	Breed	Color(s)	Birth date or Age

I agree...

Signing this document shows you acknowledge and agree to the following terms and conditions.

I hereby authorize the veterinarians to examine, prescribe, and treat my pet as is agreed upon by the veterinarian and myself. I assume full responsibility for the charges incurred during my visits.

I acknowledge that Clackamas County Veterinary Clinic does not bill for its services and all fees are due at the time services are rendered unless arrangements have been made in advance with the accounts manager.

We will gladly prepare an estimate for services upon request. In the case of extensive medical services, a deposit may be required.

We accept: Cash, Visa, MasterCard, American Express, Discover, and Care Credit.

Checks are accepted, however returned checks for any reason will be assessed a \$35.00 Return check fee. Any unpaid balance on accounts will be billed with a finance charge. In the event that the matter is referred to an attorney or collection agent, you will be responsible for all court costs, attorney fees, and / or collection agency fees.

Signature _____ Date _____

OFFICE USE ONLY

ID#

Dates Verified