

Animal Care Center Veterinary Center
5498 Commercial St. SE
Salem, Oregon 97306
Phone (503) 371-1988 Fax (503) 371-3900

"The Clinic That Cares About Your Pet"
Jerome A. Schwartz, DVM Douglas M. Slama, DVM

Thank you for giving Animal Care Center Veterinary Clinic the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Client Information

Your Name	Spouse's Name
Last First	Last First

Address	
Street	Apt. #
City	State
	Zip Code

Home Phone #	Cell Phone #
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Your Driver's License # and State	Your e-mail Address
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Your Employer	Spouse's Employer
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Your Work #	Spouse's Work #
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Employer Address	Employer Address
Street	Street
City, State	Zip Code
	City, State
	Zip Code

How did you become aware of our clinic?

<input type="checkbox"/> QwestDex Yellow Pages <input type="checkbox"/> Drive By (sign) <input type="checkbox"/> Personal Recommendation (If so, who may we thank?) _____	<input type="checkbox"/> Our Website (accvetclinic.com) <input type="checkbox"/> Ziplocal Yellow Pages <input type="checkbox"/> Other (please specify): _____
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What method of payment will you be using for today's charges?

<input type="checkbox"/> Cash	<input type="checkbox"/> Check/Debit	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
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May we have your permission to contact you via e-mail Yes No or text message Yes No with information about promotions, appointment reminders, test results, posting pictures on Facebook, Instagram, Twitter etc? If not, we will contact you by regular mail or telephone.

I will assume full responsibility for all charges incurred in the care of my animals. I also understand that all charges will be paid in full at the time of discharge and that a deposit may be required for surgical procedures and hospitalized pets.

I have carefully read and agree to all of the above statements.

Signature _____	Date _____
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