



Eastern Oregon Animal Health
1580 SW 4th St
Ontario, OR 97914
P: (541) 889-6711 / F: (541) 889-6331
eoah.clientcare@gmail.com
www.easternoregonanimalhealth.weebly.com

Client Information:

Name (Last Name First): _____ Spouse/Other: _____

Date: _____ Social Security #: _____ Birthday: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer's Name and Address: _____

E-Mail Address: _____

Would you like to opt in for email / text communication and reminders? Y / N

Emergency Contact Name: _____ Phone: _____

How did you hear about our practice? _____

If you wish to pay by check or credit card, please complete the following:

Bank Name: _____

Driver's License #: _____ Expiration: _____ Issuing State: _____

Pet(s) Information:

Name of Pet: _____ Species (dog/cat/other): _____

Birthdate(Age): _____ Breed: _____ Color: _____

Gender (M/F): _____ Is your pet neutered / spayed?: Y or N

Name of Previous or Current Veterinarian: _____

Primary reason for visit: _____

Who is your pet's insurance provider? _____ Policy Number _____

If your pet isn't yet insured, would you like to learn more about it today? Yes ___ No ___

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.

Authorization:

ALL PROFESSIONAL FEES are due at the time services are rendered. We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I understand that there will be a 2% per month FINANCE CHARGE or an ANNUAL PERCENTAGE RATE of no more than 24% per year if no payment has been made within 30 days of the service. I agree to pay for all collection costs which are incurred in the event that collection efforts become necessary. If collection of the balance is referred to a lawyer, I agree to pay all lawyers' fees which incur plus all court costs.

Signature of client responsible for pet(s) _____ Date _____