



LAURELWOOD
ANIMAL HOSPITAL

9315 SW Beaverton-Hillsdale Highway
Beaverton, OR 97005
(971) 244-4230

Date _____

Chart Number _____

Owner Info

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Occupation/Workplace _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Spouse Last Name _____ Spouse First Name _____

Spouse Occupation and Workplace _____

Spouse Work Phone _____ Spouse Cell Phone _____

Pet Info

Name _____ Species _____ Sex (circle) M F

Breed _____ Color _____

Date of birth _____ Approx. Weight _____ Neutered? ___ Spayed? ___

Known allergies/Current medications? _____

Have you seen any of our doctors before? Yes (which one) _____ No _____

How did you hear about our practice? (circle) Advertisement Internet Drive-By

Other _____

If referred by someone, whom may we thank? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that payment is due in full at the time services are rendered. I understand that an estimate of the cost of services will be provided to me upon request. Any unpaid balances will accrue finance charges of 1.5% monthly after 30 days and that a \$25.00 fee will apply to any check returned by my bank.

Signature of Owner or Agent _____ Date _____