

# Wilsonville Veterinary Clinic/Reproductive Revolutions

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## Welcome!

Date: \_\_\_\_\_

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### **Please Print**

Owner: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: *(If different from above)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell(Mr.): \_\_\_\_\_ Cell(Ms.): \_\_\_\_\_

Work Phone (Mr.): \_\_\_\_\_ (Ms.): \_\_\_\_\_

Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

For Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred By: *(Whom may we thank)* \_\_\_\_\_

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### **Pet Information**

Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Female:    Male:    Neutered:    Vaccination History: \_\_\_\_\_

Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Female:    Male:    Neutered:    Vaccination History: \_\_\_\_\_

Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Female:    Male:    Neutered:    Vaccination History: \_\_\_\_\_

Are you a breeder?    Breeds: \_\_\_\_\_

May we give your number to persons interested in your breed?    Yes    No

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*I understand that all services are to be paid for when rendered.*

*Please choose your choice of payment today:    Cash    Check    Visa/Mastercard    Discover*

*I understand that should a balance occur on my account, a minimum \$3 or 1.5 % service charge will be assessed on the balance due on a monthly basis.*

*I authorize Wilsonville Veterinary Clinic and Reproductive Revolutions to perform emergency treatment for my animals until I can be reached.*

**SIGNATURE:** \_\_\_\_\_

*(please print and then sign)*