



## New Client Form

Today's Date: \_\_\_/\_\_\_/\_\_\_

### Owner Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone: (\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us?

Facebook \_\_\_ OMVS Website: \_\_\_ Other Website (which one?): \_\_\_\_\_

Newspaper: \_\_\_ Craigslist: \_\_\_ Drive By: \_\_\_ Word of Mouth: \_\_\_

Method of Payment today: Cash: \_\_\_ Check: \_\_\_ Debit/Credit: \_\_\_

### Pet Information

*Please fill out for all of your pets being seen today (use additional pet form if needed)*

#### Pet 1:

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Spayed/Neutered? Yes \_\_\_ No \_\_\_ Does your pet bite? Yes \_\_\_ No \_\_\_

Does your pet have allergies? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? Yes \_\_\_ No \_\_\_ If yes, what?  
\_\_\_\_\_

Is your pet currently taking any medication? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

What services does your pet need today? \_\_\_\_\_

PO Box 25 Sublimity, OR 97385

[oregonmobilevet@gmail.com](mailto:oregonmobilevet@gmail.com)

[www.oregonmobilevet.com](http://www.oregonmobilevet.com)

503-389-8987



## New Client Form

### Authorization to Provide Care

1. I am the owner (or authorized agent) of my pet. I hereby authorize and direct Oregon Mobile Veterinary Services Inc., its veterinarians, technicians, and assistants to perform services, vaccines, treatments, diagnostics, and/or administration of extra label medications as deemed necessary or advisable in connection with or relating to the matters described in the attached estimate or the matters that have otherwise been explained by the Oregon Mobile Veterinary Services Inc. veterinarian or other staff.
2. I understand that there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. I also understand that there is no guarantee as to the results of any procedures, diagnostics, vaccines, or treatments. I understand that I may ask any questions that I have regarding any procedure, diagnostic, vaccination, or treatment recommended by the Oregon Mobile Veterinary Services Inc. veterinarian before it is performed.
3. I authorize Oregon Mobile Veterinary Services Inc. to obtain all medical records regarding my pet from other veterinary hospitals as needed.
4. I understand that there may not be a veterinarian at the hospital at all times. I understand that veterinary technicians may perform certain functions in the preparation and care of my pet even when a veterinarian is not present. I also understand that no staff will be present in the hospital overnight. Unless the veterinarian advises that my pet may remain unattended in the hospital overnight. I will need to take my pet home or transfer my pet to a hospital offering overnight care at the end of the day. If I fail to pick up my pet before the hospital closes for the day, Oregon Mobile Veterinary Services Inc. may transfer my pet to a hospital offering overnight care if the veterinarian determines that my pet cannot be left unattended overnight. I understand and agree that I am responsible for the payment of any charges or such overnight care.
5. I agree that hospital staff may walk my pet outside. I understand that in the event of an emergency it may be necessary for my pet to be taken to an emergency hospital. I authorize Oregon Mobile Veterinary Services Inc. and its veterinarians and other personnel to transport my pet to an emergency hospital and obtain treatment by the emergency hospital to stabilize my pet if I cannot be reached. Oregon Mobile Veterinary Services Inc. and its personnel may disclose such information and records regarding my pet to the other hospital as they consider necessary.
6. I understand and agree that portions of my visit or the care and treatment of my pet may be recorded for security purposes.
7. If I neglect to pick up my pet within seven days, Oregon Mobile Veterinary Services Inc. may assume that my pet has been abandoned and is authorized to make such arrangements as it may deem best.
8. I understand that payment is due in full at the time that services are rendered. If for any reason payment is not made at the time services are rendered or within ten days after, I understand that my account may be referred to a collection agency. In the event that my account is referred to a collection agency, I agree that Oregon Mobile Veterinary Services Inc. may add an amount to my outstanding account balance to reimburse Oregon Mobile Veterinary Services Inc. for the reasonable collection charge imposed by the collection agency. Oregon Mobile Veterinary Services Inc. does not request or require personal information as a condition to payment by credit card, but card users may be required to provide proof of identity.
9. Oregon Mobile Veterinary Services Inc provides a mobile clinic for house call examinations and treatments to be performed in. If I request an examination and/or treatment be performed in my household Oregon Mobile Veterinary Services Inc, its veterinarians, technicians, and assistants are not responsible for damage to property or personal items which may occur during the course of said visit.
10. Professional restraint will always be provided by Oregon Mobile Veterinary Services Inc veterinarians, technicians, and assistants. If I refuse the professional restraint of my pet provided, Oregon Mobile Veterinary Services Inc, and its veterinarians, technicians, and assistants are not responsible should I be injured by my pet.
11. I understand that there is a risk of reaction with any vaccination. Vaccination reaction symptoms can range from mild to severe anaphylaxis or even death. If my pet requires emergency treatment for a vaccine reaction I authorize Oregon Mobile Veterinary Services Inc staff to provide medical care and treatment they deem necessary and understand that I am responsible for the cost of said emergency care and treatment.

Print name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

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