



**keizer  
veterinary  
clinic**<sup>LLC</sup>

PET CARE FOR LIFE

4815 River Road N. Keizer, OR 97303 phone: (503) 393-3633 Fax: (503)393-3538 Email: Office@keizervet.com

# Welcome

Date \_\_\_\_\_

## Owner Information

Owner \_\_\_\_\_

Last

First

M.I.

(Please Print)

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

City: \_\_\_\_\_

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

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

If you would like access to your pet's medical records online, as well as email notifications for veterinary services your pet is due for, **please enter your E-mail Address:** \_\_\_\_\_

Are there any other owners? Yes \_\_\_ No \_\_\_

Co-Owner Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## Employer Information

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Co-owner's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

## Pet Information

Dog/Cat	Name	Breed	Color	Spayed/Neutered?	Sex	DOB

(Over Please)



**Payment Information: Payment is due in full at the time of service**

*Professional fees are to be paid at the time services are rendered. Any invoices that remain unpaid after 30 days are subject to collection. If Keizer Veterinary Clinic, LLC, must use a collection agency to collect the money owed on your account, you will also be held responsible for the costs associated with using that collection agency.*

Form of Payment Planned:  Cash  Credit/Debit Card  CareCredit  
 Check \*(Returned Check Fee \$25.00)

I hereby authorize the veterinarian at Keizer Veterinary Clinic, LLC, to examine, prescribe for and/or treat the pets described on this form, as well as any additional pets that I may add to my account in the future. I assume full responsibility for all charges incurred in the care of these pets, as well as any pets I may add to my account in the future. I understand that these charges will be paid for at the time of release, and that a deposit may be required for hospitalization or surgical procedures.

**Signature of Owner or Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*By signing this form, I acknowledge that I am at least 18 years of age.*

**Let us know how you heard about us:**

**Yellow Pages** , **Driving by** , **Website** , **Family or Friend**   
**Humane Society**  **Other:** \_\_\_\_\_

**If you were referred by someone, please let us know so that we may thank them:** \_\_\_\_\_

(Over Please)