



New Client Form

Date: ____/____/____

Client Information

Mr. Mrs. Ms. Dr.

Mr. Mrs. Ms. Dr.

Name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Employer: _____ Work Phone: _____ - _____ - _____

Alternative Phone: _____ - _____ - _____ Email: _____

Referral Veterinary Practice: _____ Veterinarian: _____

Pet Information

Pet's Name: _____ Species: Canine Feline

Breed: _____ Color/Markings: _____

Sex: Male Female Spayed/Neutered: Yes No Age: _____ Date of Birth: ____/____/____

Treatment and Financial Authorization Information:

I am the owner, or the agent of the owner, of the above-described pet and have the authority to execute this agreement. I authorize Oregon Veterinary Referral Associates (OVRA) to examine and treat the above pet. I accept full financial responsibility for this pet. I understand that payment is due in full at the time of services. For hospitalized cases, a deposit is required in advance. The balance is due upon discharge from the hospital.

We accept Cash, Check, Visa, Mastercard, Discover, American Express and Care Credit. We do not bill for services.

I understand that my referring veterinarian will receive a summary of the care and treatment provided by OVRA to ensure that my pet's care can be continued without interruption. I also understand that OVRA consider the identification of the referring veterinarian by me to be my authorization to release records and information to that veterinarian.

Case information and/or photos may be used in teaching, continuing education, veterinary literature, OVRA website (including social media), and for publicity printing purposes. Your confidentiality will be maintained.

Yes No

Owner/Responsible Party Signature: _____ Date: ____/____/____

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