



**BEND ANIMAL HOSPITAL**

**CLIENT INFORMATION**

**OWNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  Cell  Home  Work  
 Primary Account Contact **PHONE:** \_\_\_\_\_  Cell  Home  Work

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 Primary Account Contact **PHONE:** \_\_\_\_\_  Cell  Home  Work

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PLEASE CHECK HOW YOU WOULD LIKE US TO COMMUNICATE WITH YOU (CAN CHECK MULTIPLE):**

PHONE  TEXT  EMAIL  REGULAR MAIL

**PATIENT INFORMATION**

**PET NAME:** \_\_\_\_\_

**PET NAME:** \_\_\_\_\_

**PET NAME:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

Male  Neutered  
 Female  Spayed

Male  Neutered  
 Female  Spayed

Male  Neutered  
 Female  Spayed

**Current Medications:** \_\_\_\_\_

**Current Diet:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**CONSENT FOR TREATMENT**

I the undersigned owner, or owners agent, of the pets above, certify that  I AM /  I AM NOT (check one) over eighteen years of age, and thereby consent to the examination of my pets by the staff and veterinarians at **BEND ANIMAL HOSPITAL** and after consultation with me to prescribe medication for, treatment, hospitalization, anesthesia and or perform surgery on my animal. I understand that some risks always exist with any procedure and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected lifesaving emergency care be required, **BEND ANIMAL HOSPITAL'S** staff has my permission to provide such treatment and I agree to pay for such care.

I understand that the estimate of the costs for veterinary services will be explained to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's ongoing medical treatment. I assume financial responsibility for all services rendered to my pet. In the event that I may be unable to pay at the time of service, I will discuss this with the veterinarian immediately.

\_\_\_\_\_  
**Signature of Owner or Agent**

\_\_\_\_\_  
**Date**