



**CLIENT REGISTRATION**

Name: \_\_\_\_\_ Spouse/Co-Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Who's: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Who's: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
How did you find out about our hospital? \_\_\_\_\_

**TREATMENT & PAYMENT**

I, the undersigned, do hereby give Carlton Veterinary Hospital, and the staff that it employs, full and complete authority to administer veterinary treatment on my pets. I am here to seek veterinary advisement or have been fully advised of the anticipated procedures; advised of the reasons for them, the expected benefits, and the possible risks involved. I also consent to the administration of such anesthetics, as are necessary and surgical procedures of an emergency or non-emergency nature. I do hereby release Carlton Veterinary Hospital from any and all liability from said surgery or recommended procedures that I have declined for my pet.

I acknowledge, accept and assume full and total financial responsibility, including any services fees, interest fees, attorney fees and collection fees for all services rendered by Carlton Veterinary Hospital per ORS.293.231. I also understand that full payment is due when services are rendered and that a deposit may be required for surgical or medical treatment.

**Required for Treatment - Signature of Owner/Agent**

**Owner**X \_\_\_\_\_ **Date** \_\_\_\_\_

**PATIENT INFORMATION #1**

PATIENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Species (circle): Feline / Canine / Horse / Other \_\_\_\_\_ Sex: Female / Male Altered? No / Yes  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Are vaccines up to date? Yes / No  
If vaccines are current, please list the vaccine, the date and your previous veterinarian:  
  
Long term problems or current medications, if any: (Please use back side of sheet for additional space)

**PATIENT INFORMATION #2**

PATIENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Species (circle): Feline / Canine / Horse / Other \_\_\_\_\_ Sex: Female / Male Altered? No / Yes  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Are vaccines up to date? Yes / No  
If vaccines are current, please list the vaccine, the date and your previous veterinarian:  
  
Long term problems or current medications, if any: (Please use back side of sheet for additional space)