

Claus Paws
Animal Hospital

6700 NE 162nd Ave, Suite 420, Vancouver, WA 98682

360-896-7449

Client Information

Date _____

Name (Last Name, First Name) _____

Address _____

City/State/Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Employer _____

Employer's Address _____

Spouse _____ Employer _____

Work Phone (_____) _____

Emergency Contact Name _____ Phone (_____) _____

How did you learn about our practice? _____
(Location, referral, internet, Yellow Pages, etc.)

Is there someone we can thank for your referral? _____

FORM OF PAYMENT: Cash Debit/Credit

DRIVER'S LICENSE # _____ Email address _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s).
I assume responsibility for all charges incurred in the care of my pet(s). I also understand that
ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and
that a deposit may be required for surgical treatment.

Signature of client responsible for pet(s) _____ Date _____