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15970 SW Tualatin-Sherwood Road · Sherwood, OR 97140 · (503) 625-5664 · SherwoodFamilyPetClinic.com

NEW CLIENT REGISTRATION

Today's Date: _____

Your Name (owner): _____ Mr Miss Ms Mrs Dr Rev

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ ok to call at work? _____

Mobile Phone: _____ E-mail: _____ Other/Fax: _____

Place of Employment: _____

Co-owner's name: _____ Relationship: _____

Co-owner is authorized to approve treatment (please circle one): Yes No

Previous veterinarian and clinic, where we may obtain records: _____

How did you FIRST hear about us? _____ *Referred by friend or relative* _____ *Internet / Web Page*
 _____ *Driving by, saw sign* _____ *Facebook*
 _____ *Yellow Pages* _____ *Sherwood Gazette*

If you were referred by a current client, whom may we thank? _____

Photo Release: I hereby give Sherwood Family Pet Clinic permission to take photographs of me and my pet for the purpose of posting on Sherwood Family Pet Clinic's Facebook, Twitter and clinic website. I hereby release and discharge Sherwood Family Pet Clinic from any and all claims arising out of use of the photos. I am above the age of 18. I have read the foregoing statement and fully understand its contents.

Signature: _____ Date: _____

Pet Name	Sex	Species	Breed	Color	Date of Birth
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret Other (below): _____			
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret Other (below): _____			
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret Other (below): _____			

OVER ►

In the interest of quality client service and good business practice, we would like to communicate the following. Please feel free to ask if you have any questions.

- ⇒ Our credit policy requires that charges resulting from care given to your pet ***are due and payable in full*** at the time your pet is discharged. Some services may require a deposit when leaving your pet in the clinic for care.
- ⇒ We would be happy to give you an estimate for any services that your pet may need. Please ask for an estimate if you would like one.
- ⇒ Returned/NSF checks will be subject to a **\$25.00 fee**, as specified by state law.
- ⇒ In the event that a balance due is left unpaid, a monthly interest fee will accrue on that balance of **1.5% per month**. Interest due will start to accrue the day after your pet is discharged from the clinic.
- ⇒ In the event that, for whatever reason, you are unable to pay the balance due at the time of service, any other payment arrangements with us must be arranged and approved ***before*** the work is performed. Again, please ask for an estimate if you would like. It is ***your responsibility*** to let us know ahead of time if you are unable to pay at the time of service.

I have read, and accept the credit policy terms outlined above. I agree that in the event additional costs and/or fees are incurred in connection with the collection of my account, I will pay all such costs and fees, including collection costs, attorney fees and all court costs.

Signature:_____ Date:_____

Name:_____ Telephone #:_____

Drivers License#_____ State:_____

Date of Birth: _____