



Sherwood Family Pet Clinic – 15970 SW Tualatin-Sherwood Road Sherwood, OR 97140 – (503) 625-5664

Dr. Robert Merrill, Dr. Courtney Woodside, Dr. Mark Schlimgen, Dr. Leticia Wustenberg, Dr. Christina Sitton, Dr. Kaitlyn Rudie

New Client Registration

Today's Date: _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Is it ok to call you at work? _____

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

Place of Employment: _____ Co-Owner's Name: _____

Relationship: _____ Co-Owner's Phone Number: _____

Co-Owner is authorized to approve treatment (please circle one): **Yes / No**

Previous veterinarian clinic, where we may obtain records: _____

How did you FIRST hear about us? _____ Referred by friend or relative _____ Internet / Web Page

_____ Driving by and 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: _____			
	<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: _____			
	<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: _____			

In the interest of quality client service and good business practice, we would like to communicate the following:

⇒ 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 are happy to provide you with 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 one. It is *your responsibility* to let us know ahead of time if you are unable to pay at the time of service.

Please feel free to ask if you have any questions.

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.

Name: _____ **Date:** _____

Signature: _____

Telephone Number: _____

Driver's License Number: _____

State: _____ **Date of Birth:** _____