



Client Information Form

Date: _____

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary phone: (_____) _____

Alternate contact/ Phone: _____ - (_____) _____

**Email: _____

County of Residence: ___ Multnomah ___ Washington ___ Clackamas

Preferred contact method: ___ Phone ___ Email ___ Text message

How did you hear about us?

Personal recommendation ___ Whom can we thank? _____

Internet/Other (which search engine?): _____

Accepted Methods of Payment

Payment is required at the time of service. For your convenience, we accept Mastercard, Visa, American Express, cash, or check (with a valid driver's license).

We also accept Care Credit, Pet Insurance and we are a part of the Pet Assure Network.

Consent

You may be asked to sign a health plan confirming or declining authorization of treatment after a tentative diagnosis. The details of treatment, the risks of treatment, and/or the risk of not treating will be explained to you.

Photo Consent

I grant permission to Blue Door Veterinary Services, LLC for the use of the photograph(s) or electronic media for the purposes of marketing or education. I understand that I may revoke this authorization at any time by notifying Blue Door Veterinary Services, LLC in writing. The revocation will not affect any actions taken before the receipt of the written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

With my signature below, I certify that I have read and agree to the above statements and authorize Blue Door Veterinary Services, LLC to treat my pet(s).

Signature: _____

Date: _____

Previous Vet who might have records on your pet(s): _____

2nd page is information about your pet(s)

Pet information (1st Pet)

Name: _____
Age/Birthday: _____ Species (cat, dog, etc.) _____
Breed _____
Color _____ Avg Weight _____
Male Female
Spayed/neutered? Yes No

Does your pet have allergies? Yes No
If yes, explain: _____
Has your pet ever had a reaction to vaccines or medications? Yes No
If yes, explain: _____

List any major surgeries/illnesses your pet has had:

List any behavior problems we need to be aware of:

List any foods and treats you give your pet:

Pet information (2nd Pet)

Name: _____
Age/Birthday: _____ Species (cat, dog, etc.) _____
Breed _____
Color _____ Avg Weight _____
Male Female
Spayed/neutered? Yes No

Does your pet have allergies? Yes No
If yes, explain: _____
Has your pet ever had a reaction to vaccines or medications? Yes No
If yes, explain: _____

List any major surgeries/illnesses your pet has had:

List any behavior problems we need to be aware of:

List any foods and treats you give your pet:

Attach additional sheets as necessary for all pets in the household you would like in our system.