



**Animal Care Clinic**  
 29020 Town Center Loop E #102  
 Wilsonville OR  
 503.682.1794



**NEW CLIENT INFORMATION FORM AND AGREEMENT**

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Significant Other \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Spouse's Primary: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Spouse's Secondary: \_\_\_\_\_ Place of Employment \_\_\_\_\_

**How did you become aware of our clinic?** Location\_\_\_ Yellow Pages\_\_\_ Pet Store\_\_\_ Coupon\_\_\_

Wilsonville Spokesman\_\_\_ Villager\_\_\_ Internet\_\_\_ Other\_\_\_\_\_

**Personal Recommendation (whom may we thank?)** \_\_\_\_\_

**AGREEMENT**

**I understand that all fees are due at the time services are rendered.**

Choice of payment: Cash/Check\_\_\_ Visa/MasterCard/Discover/American Express\_\_\_\_\_

In the event fees for services are not paid at the time services are rendered, both today and for all future visits and treatment, if an attorney is retained to collect such fees, the prevailing party shall be entitled to collect its attorney fees, costs and collection costs, whether or not formal legal action is required, and at trial and upon any appeal, if one is taken, and in bankruptcy, if that occurs.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

For Office Use Only:  wc invoiced  wc sent  rc current  rc new