

Pacific Northwest Veterinary Dentistry and Oral Surgery

Client and Patient Information

Owner/Agent _____

Pet's Name _____

Address _____

Birthdate _____

City/State: _____ Zip: _____

Species Dog Cat

Home Phone () _____

Other (Species) _____

Work Phone () _____

Breed _____

Email: _____

Color _____

Occupation _____

Sex Male Female

Co-Owner _____

Neutered Spayed

Home Phone () _____

You have your pet primarily for: Show Breeding

Work Phone () _____

Companionship Work Other _____

Occupation _____

Referred by _____

Your Regular Veterinarian is:

Doctor: _____

Practice _____

Address _____

Phone () _____

Fax () _____

Email _____

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment. I Give permission for Pacific Northwest Veterinary Dentistry and Oral Surgery to use pictures and radiograph images for educational purposes.

Owner/Agent Signature _____ Date _____

Owner/Agent Printed Name _____