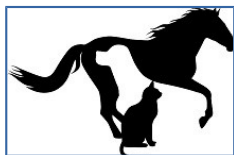


Date: _____



Dr. Mark Hayden Dr. Ben Rizor Dr. Joan Sackett-Fleming
Dr. Liz Ritzenthaler Dr. Hannah Willett Dr. Daniel Bastian

Thank you for giving Valley Veterinary Hospital and Cascade East Animal Clinic the opportunity to care for your pet. So that we may become better acquainted, please complete:

Name: _____
(Last) (First) (Middle I.)

Driver's License # _____ (required for check writing)

Significant Other/Spouse/Roommate: _____

Mailing Address: _____
(address) (city) (state) (zip code)

Street Address (if different): _____

E-mail _____

Home Phone: _____ Work Phone: _____

Cell Phone 1: _____ Cell Phone 2: _____

Employer: _____
(head of household) (occupation)

Employer: _____
(spouse) (occupation)

Please list another responsible party whom you would authorize to make emergency decisions if you are unavailable

(name) (relationship) (phone numbers)

You have chosen our hospital because:

___ Personal Referral (so that we may thank them) Name: _____

___ Referral by another Veterinarian (so that we may request records) Name: _____

___ Hospital Location ___ Hospital Sign ___ Yellow Pages ___ Internet ___ have used our hospitals in the past

___ Other: _____

Payment is due at the time of service.

Please indicate method of payment: Cash ___ Check ___ Visa ___ MasterCard Discover ___ Am. Express ___ Care Credit ___

I authorize Valley Vet/Cascade East or any collection agencies used by us to contact me by my cellular telephone for billing activities or payment arrangements.

I have read and understood the above policy:

Signature of Owner: _____ **Date:** _____

I grant permission for images of my pet(s) to be used in public media, including web base and FaceBook, by Cascades to Columbia Veterinary Svc, their staff, and associates. Your information will never be sold to 3rd parties. _____ (please initial)