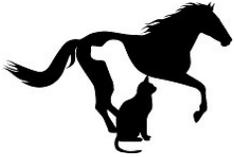


Date: \_\_\_\_\_

File #: \_\_\_\_\_



**Dr. Mark Hayden   Dr. Ben Rizor   Dr. Joan Sackett-Fleming  
Dr. Liz Ritzenhaler   Dr. Hannah Willett   Dr. Emily Walzer**

**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.)

Significant Other/Spouse/Roommate: \_\_\_\_\_  
(Last) (First)

Please list other family members/individuals whom we would add to your account that can authorize financial and emergency decisions if you are unavailable:

\_\_\_\_\_  
(name) (relationship) (phone numbers)

\_\_\_\_\_  
(name) (relationship) (phone numbers)

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)

**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. \_\_\_\_\_ (please initial) 2022