ECHO HOLLOW
— VETERINARY HOSPITAL & URGENT CARE —

1980 Echo Hollow Road Suite A
Eugene, Oregon 97402
541-844-1038

**WELCOME!**

Thank you for choosing us to take care of your pet(s). Please take a few moments to complete this form. If you have any questions, please do not hesitate to ask.

**Client Information**

Name _____

Spouse's Name_____

Mailing Address_____

City_____ State_____

Zip Code_____

Primary Phone_____

Secondary_____

Place of Employment_____

Email_____

*To whom way me thank for the referral?*

_____

**Financial Policy**

All fees are due at time services are rendered. Past due accounts are subject to a finance charge of 1 ½ % per month in addition to an 18% annual percentage rate. There is a $2.00 statement handling charge for each statement. If this account is referred to an attorney or collections service, I agree to pay the additional collection fees.

Name(print)_____

Signature_____

Date _____

**Pet Information**

Name_____

Dog___ Cat___ Other_____

Breed_____ Color_____

Birthdate/Age_____

Male___ Neutered___ Female___ Spayed___

Short Hair___ Medium Hair___ Long Hair ___

Markings_____

Microchip I.D. #_____

Vaccine History

| Dog | Cat |
|---|---|
| Rabies_____ | Rabies_____ |
| DHLPP_____ | FVRCP_____ |
| Bordetella_____ | FELV_____ |
| Heartworm_____ | FELV/FIV Test____ |

Previous Veterinarian_____

Previous Surgeries or illnesses?

_____
_____
_____
_____

Anything else we should know about your pet?

_____
_____
_____
_____

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**Client's Name:**_____

**Additional Pet Information**

Name_____

Dog___ Cat___ Other_____

Breed_____ Color_____

Birthdate/Age_____

Male___ Neutered___ Female___ Spayed___

Short Hair___ Medium Hair___ Long Hair ___

Markings_____

Microchip I.D. #_____

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Veterinarian_____

Previous Surgeries or illnesses?

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Anything else we should know about your pet?

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