



ECHO HOLLOW

— VETERINARY HOSPITAL & URGENT CARE —

1980 Echo Hollow Road

Eugene, Oregon 97402

541-844-1038

Please take a few moments to complete this form.

****Indicated fields are mandatory***

Client Information Client # _____

*Name _____

*Mailing Address _____

City _____ State _____

Zip Code _____

Cell Phone _____

Alternate Phone _____

*Email _____

* Driver license or DOB: _____

Secondary contact _____

Relationship _____

Phone number _____

Appointment Policy

We require 24 hour notice for all cancellations. Failure to provide notice will require payment of exam fees at the time of scheduling for future appointments.

Initial _____

Financial Policy

All fees are due at the time services are rendered. All sales and services provided are final at the time of payment. Past due accounts are subject to a finance charge of 1½ % 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. I understand that the individual I list as the secondary contact has authorization to make medical and financial decisions for my pet(s) on my behalf.

By signing I understand and agree to the Financial Policy explained above.

*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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May Echo Hollow Veterinary Hospital use photos
of your pet(s) for social media and educational
purposes? Yes _____ No _____