

Cornell Road Veterinary Clinic  
 1803 NE Cornell Rd  
 Hillsboro, Or 97124  
 (503)640-0472

**Owner information**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Unit/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

Spouse's/Partner/Other name \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Are you or your spouse over the age of 65? \_\_\_\_\_

How did you hear about our clinic? Family/Friend (**first and last name**), internet, phone book or drive by?

**Pet Information**

	Pet 1	Pet 2	Pet 3
<b>Name</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Birthday/Age</b>			
Sex: Male/Neutered Female/Spayed			
Does your pet have a microchip?			
Allergies to vaccines or medication?			
Special diets or medication?			

**What Clinic** were vaccines last given at \_\_\_\_\_

List any serious illnesses or surgeries \_\_\_\_\_

Payment is due at the time services are performed.

We accept Visa, Master Card, Discover, American Express and Debit cards. If your pet is hospitalized we will require 50% down payment of the total estimated bill.

**WE DO NOT DO BILLING.**