



18110 SE Division St | Portland , OR 97236 |
503.665.1194 | www.timbervet.com

Thank you for choosing Timberland Animal Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available to your pet.

Owner: _____ Home or Cell Phone: _____

Address: _____ City/Zip: _____

Email address for Email Reminders: _____

Employment: _____ Phone: _____

What is your position/title: _____ May we contact you at work? Yes No

Co-Owner: _____ Home or Cell Phone: _____

Address: _____ City/Zip: _____

Employment: _____ Phone: _____

What is your position/title: _____ May we contact you at work? Yes No

How did you become aware of our clinic?

- Clinic Sign/ Location Dex Knows Superpages Website On-line search
 Personal Recommendation ... Whom may we thank?(gift certificate) _____

Financial Policy

Timberland Animal Clinic requires payment in full at time professional services are rendered.

We require 24 hour advance notice for cancellation of any scheduled appointment.

We reserve the right to discontinue veterinary services at our discretion.

As legal owner or responsible agent of the listed animal(s), I certify that I have read, understand and agree to the above financial policy. **I hereby assume financial responsibility for all services rendered.**

Owner Signature: _____ Date: _____

An important part of our mission is making the cost of optimal care as easy as possible for our clients.

Please indicate method of payment:

- Cash VISA/ MC Discover Debit

(We do not accept checks)

- Care Credit® (apply for this Convenient Financing Payment Plan)*

- Pet Insurance (we provide you with needed documentation)*

* ask for more information

Pet Health History

Dog Cat Other _____ Male Neutered Female Spayed

Pet #1 Name: _____ Age/ Date of Birth: _____

Breed: _____ Color: _____

Has your pet been vaccinated in the last year? No Yes
If yes, date of vaccines and clinic name: _____

Any major illnesses?: _____

Any major surgeries?: _____

Any known allergies?: _____

Is your pet taking any medications? No Yes _____

Is your pet taking any flea &/or Heartworm medications? No Yes If yes, then which kind?

What brand & type of food does your pet eat? _____

Dog Cat Other _____ Male Neutered Female Spayed

Pet #2 Name: _____ Age/ Date of Birth: _____

Breed: _____ Color: _____

Has your pet been vaccinated in the last year? No Yes
If yes, date of vaccines and clinic name: _____

Any major illnesses?: _____

Any major surgeries?: _____

Any known allergies?: _____

Is your pet taking any medications? No Yes _____

Is your pet taking any flea &/or Heartworm medications? No Yes If yes, then which kind?

What brand & type of food does your pet eat? _____

We thank you for your business and look forward to serving you and your pet!