



C O R V A L L I S  
Veterinary Hospital

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

**Client Information**

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_ Spouse/SO \_\_\_\_\_  
Street/Apt # City State Zip

E-Mail Address \_\_\_\_\_ I would like reminders sent by E-mail: ☐ Yes ☐ No

Employer's Name \_\_\_\_\_

**Patient Information**

Name \_\_\_\_\_ Species \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Dog, Cat, etc.)

Description \_\_\_\_\_ Sex \_\_\_\_\_ Altered? \_\_\_\_\_  
(Breed) (Fixed)

Color \_\_\_\_\_ Chronic Illnesses \_\_\_\_\_

Current Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Name and Location of Former Veterinary Practice \_\_\_\_\_



Canine Vaccination History

*Most Recent Date*

Rabies \_\_\_\_\_

DA2PP \_\_\_\_\_

Bordetella \_\_\_\_\_



Feline Vaccination History

*Most Recent Date*

Rabies \_\_\_\_\_

FVRCP \_\_\_\_\_

FeLV \_\_\_\_\_

\*For additional patients please see reverse side\*

**Form of Payment**

We gladly accept: Cash, Check, Visa/Mastercard, & Care Credit

We require full payment at time services are rendered.

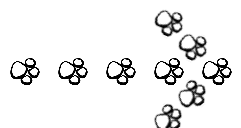
I am the owner, or authorized agent for the animal(s) listed, and being over 18,  
I authorize Corvallis Veterinary Hospital to care for and treat my animal(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



We are pleased to welcome you to our practice.  
Thank you for placing your trust in us.



## Additional Patient Information



### Canine Vaccination History

*Most Recent Date*

Rabies\_\_\_\_\_

DA2PP\_\_\_\_\_

Bordetella\_\_\_\_\_

Name\_\_\_\_\_ Species\_\_\_\_\_ Date of Birth\_\_\_\_\_

Description\_\_\_\_\_ Sex\_\_\_\_\_ Altered?\_\_\_\_\_  
(Fixed)

Chronic Illnesses\_\_\_\_\_

Current Medications\_\_\_\_\_ Allergies\_\_\_\_\_

Name and Location of Former Veterinary Practice \_\_\_\_\_



### Feline Vaccination History

*Most Recent Date*

Rabies\_\_\_\_\_

FVRCP\_\_\_\_\_

FeLV\_\_\_\_\_

## Additional Patient Information



### Canine Vaccination History

*Most Recent Date*

Rabies\_\_\_\_\_

DA2PP\_\_\_\_\_

Bordetella\_\_\_\_\_

Name\_\_\_\_\_ Species\_\_\_\_\_ Date of Birth\_\_\_\_\_

Description\_\_\_\_\_ Sex\_\_\_\_\_ Altered?\_\_\_\_\_  
(Fixed)

Chronic Illnesses\_\_\_\_\_

Current Medications\_\_\_\_\_ Allergies\_\_\_\_\_

Name and Location of Former Veterinary Practice \_\_\_\_\_



### Feline Vaccination History

*Most Recent Date*

Rabies\_\_\_\_\_

FVRCP\_\_\_\_\_

FeLV\_\_\_\_\_