



ALDER CREEK VETERINARY HOSPITAL

880 Golf View Dr., Ste #101 · Medford, OR 97504 · (541)776-3362 · Fax (541)776-0425

Date: _____
Client #: _____
NCL

Client Information

Name: _____, _____, _____
(Last) (First) (Spouse)

Address: _____, _____, _____
(Street) (City) (State, Zip)

Mailing Address: _____, _____, _____
(Street) (City) (State, Zip)

Phone: (____) _____, (____) _____, (____) _____, (____) _____
(Home) (Cell) (Work) (Spouse's Cell)

E-Mail: _____ Spouse E-Mail: _____

Email will only be used to send our monthly newsletter and updates.

Occupation: _____ Employer: _____

Soc. Sec. #: _____ Driver's License #: _____

Spouse Occupation: _____ Spouse's Employer: _____

How did you select our hospital?

- Yellow Pages PDX DEX Yellow Book Personal Referral _____
- Local News Street Sign Internet Search Website Other _____

***🐾 🐱 🐰* I understand that payment is due at the time of service unless otherwise approved and that Alder Creek Veterinary Hospital does not carry balances on accounts for clients. Payment may be made with cash, personal check, Visa, Mastercard, American Express, Discover, or Care Credit cards.**

Signature: _____ Date: _____

Pet Information

1. Name: _____ K9, Feline, Rabbit, Rodent, Other _____
Breed: _____ Color/Markings: _____ Birth Date: _____
Sex: F F/Spayed M M/Neutered Unknown
2. Name: _____ K9, Feline, Rabbit, Rodent, Other _____
Breed: _____ Color/Markings: _____ Birth Date: _____
Sex: F F/Spayed M M/Neutered Unknown
3. Name: _____ K9, Feline, Rabbit, Rodent, Other _____
Breed: _____ Color/Markings: _____ Birth Date: _____
Sex: F F/Spayed M M/Neutered Unknown