

CLIENT INFORMATION

Updated: _____



**Cinder Rock
VETERINARY CLINIC**

2630 S. Canal Blvd. • Redmond, OR 97756

Phone: 541-923-1638 • Fax: 541-923-1752

Date _____

Owner _____ Spouse/Other _____

Children (first name & ages) _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ E-mail _____

Work Telephone _____ Cell _____

Employer & Address _____

Spouse Employer & Address _____

Spouse Work Telephone _____ Spouse Cell _____

In case of EMERGENCY please call _____ At telephone number _____

How did you first hear of our hospital?

- Individual: Whom may we thank? _____
- Yellow Pages Hospital sign
- Humane Society Other _____

Payment is due in full at the time of service. Please ask for an estimate if one has not been provided.
If payment in full can not be made, please ask for a Care Credit Card Application before services are provided.

By signing this Client Information form, you agree to pay all reasonable collection costs and attorney's fees incurred if this account is referred to a collection agency or attorney for collection.

How will you be paying for today's services?

- Cash
- Check
- VISA
- Mastercard
- Care Credit

Signature _____