

# Veterinary Surgical Center of Portland

**Amelia Simpson, DVM**  
*Diplomate, American College of Veterinary Surgeons*

**John Kiefer, DVM**  
*Diplomate, American College of Veterinary Surgeons*

## CLIENT INFORMATION:

Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

## PET INFORMATION:

Name: \_\_\_\_\_ Birth Date or approximate Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/neutered? YES NO

What medications, if any, is your pet taking? \_\_\_\_\_

Is your pet allergic to any food or medications? \_\_\_\_\_

Does your pet have a history of seizures? \_\_\_\_\_

What is the reason for your appointment today? \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Hospital: \_\_\_\_\_

Regular Veterinarian: \_\_\_\_\_ Hospital: \_\_\_\_\_

## FINANCIAL CONSENT

The Veterinary Surgical Center of Portland does not extend credit to clients for any reason. We accept Visa, Mastercard, Discover, Cash and Personal Checks for your convenience. In the event of a check being returned NSF, a fee of \$25 will be added to my account. A service charge of 1.5% will be applied to all balances past due 30 days or more. Should it become necessary to bring collection proceedings against me, I agree to pay not only the past due amount, but also any reasonable expenses incurred in the collection process.

I understand that the doctor will provide me with an estimate, either verbal or written (at my request), after examining my pet. I further understand that the estimated is based upon the initial examination and may change as further diagnostic and therapeutic procedures dictate. The estimate range is intentionally broad to anticipate unforeseen changes in medical conditions. I understand that this is an estimate and that final charges are based on procedures performed.

I certify the information given is correct and I have read and consent to the terms of the financial agreement. I am the pet's owner, or I am authorized as the pet's agent or representative to execute the above and accept its terms on behalf of the pet's owner, or I assume individually all financial responsibilities by signing below.

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of pet's owner or authorized agent

## OFFICE USE ONLY

Patient# \_\_\_\_\_ Weight: \_\_\_\_\_ X-Rays: \_\_\_\_\_