

Gladstone Veteirnary Clinic

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Tanya ten Broeke, DVM

Cassi Snyder, DVM

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Please take the time to complete the following information so we can meet your needs. Thank you for giving us the opportunity to care for your family members! **Client Information** Primary Client Contact Info: Secondary Client Contact Info: Name: Address: City, State, Zip: \square Primary ☐ Primary Home #: Cell #: Primary □Primary Work #: □ Primary □ Primary **Employer:** e-mail: Would you like to receive postcard reminders (in addition to email reminders)? yes no Would you like to receive text or email messages notifying you when medications/food are ready for pick-up, etc.? yes, please text to cell # _____ yes, please email to _____ no, please call How did you hear about us? Recommendation from friend/family/client (please provide name): □ Drove by □ Google □ Yelp □ Next Door □ Yellow Pages □ Other: ______ I give Gladstone Veterinary Clinic permission to take photos of me, my pet(s), and my children for social media or website use, and release GVC from any and all claims arising out of use of the photos. (signature) I understand that all fees are due at the time services are rendered. (signature) We are happy to provide you with an estimated treatment plan prior to providing health care services for your pet. We accept Cash, Checks, Visa/MasterCard/Discover, American Express, Debit Cards and Care Credit as payment for services

Companion's Information	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species				
Breed				
Date of Birth/Age				
Color				
Sex: Spayed/Neutered?				
Previous veterinarian(s)				
Allergies to vaccinations/medications?				
Previous serious illnesses or surgeries?				
Special diet/medications?				
For office use only:				

☐ Entered into CS: ☐ Scanned: ☐ Confirmed info: