



**GLADSTONE**  
VETERINARY CLINIC

# Gladstone Veterinary Clinic

18420 SE McLoughlin Blvd.

Milwaukie, OR 97267

(503) 653-6621



Tanya ten Broeke, DVM

Cassi Snyder, DVM

Kristi Winkler, DVM

*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**

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

**Primary Client Contact Info:**

**Secondary Client Contact Info:**

**Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Home #:** \_\_\_\_\_  Primary

**Cell #:** \_\_\_\_\_  Primary

**Work #:** \_\_\_\_\_  Primary

**Employer:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  Primary

\_\_\_\_\_  Primary

\_\_\_\_\_  Primary

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_