

Companion Pet Clinic of SW Washington, PS

211 NE Crestwood Court
Vancouver, WA 98684
360-254-8811

Welcome To Our Clinic

Owner's name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Phone – Home _____ Work _____ Cell _____

Employer _____ E-mail address: _____

Dog's name _____ Breed _____ Color _____

Sex: F M DOB / Age _____ Spayed/Neutered Y N Indoor ____ Outdoor ____ Both ____

My pet is considered a: Family pet Backyard pet Child's pet Breeder

Previous health problems _____

Drug reactions / medications currently being used _____

Do you travel with your pet? No Yes If yes, Where _____

Is your pet on a program for controlling internal parasites such as roundworms and heartworms? Yes No

Is your pet on a preventive program for external parasites such as fleas and ticks? Yes No

Does your pet frequently have noticeably unpleasant breath? Yes No

Are you aware of the health benefits (including longer life span) of regular dental cleanings? Yes No

Has your pet been microchipped? Yes No

Have you been here before with another pet? Yes No

How did you hear about us? Dex Yellow Book Clark County Book Internet Drive-By Word of Mouth Referral

If referral, whom may we thank? (They will receive a \$10 credit) _____

Has your pet been seen by another veterinarian recently? Yes No

If Yes, Where? _____

If you are here because you are unhappy with a previous animal clinic, please let us know the reason why so that we may try not to make the same mistake _____

Prefers to see Dr. _____

ALL FEES ARE DUE UPON RELEASE OF PATIENT

We accept the following forms of payment: Cash, ATM/Debit, Visa, MasterCard, American Express, Discover and Care Credit. *Sorry, No Checks or In-House Payment Plans*

Owner's signature _____