COLUMBIA VETERINARY HOSPITAL

4330 River Trail Way. The Dalles, Oregon 97058 cvhthedalles@gmail.com (541) 296-5059 columbiavet-hospital.com

CLIENT REGISTRATION FORM

First Name:	Last Name		
	P.O. Box		
Home Phone:	State:Zip Co Cell Phone:	Text: Y N	
Place of Employment:	Work Phone:		
Spouse/Partner First & Las	t Name:		
	9:		
Email Address:			
		Phone Number:	
treatment. I understand that I can territs staff are leaders and teachers in th forms of continuing education, CVH purposes. If I sell this animal to another	al and initial diagnostic/surgical procedures on the minate treatment at any time by contacting the does to veterinary medicine field, thus case information is website and social media. I authorize the release her owner, I authorize release of medical information.	ctors, assistants, or receptionists. CVH and an and/or photos may be used in teaching, the of case/patient information for such	
upon discharge from the hospital. Par Credit. If payment arrangements are	ered. For hospitalized/admitted cases, a deposit is yments can be made by cash, personal check, and needed, the undersigned realizes that they must be ease let us know immediately if these terms are not account to the control of the case.	accepted credit cards, including Care e agreed upon prior to admitting patients. Ir	
Signature:			
Own	ner / Authorized Agent		
	you have questions or concerns, please contact		

If you have questions or concerns, please contact us!
Thank you for choosing Columbia Veterinary Hospital!
We look forward to working with you and your pet again soon!