



WICKIUP
ANIMAL HOSPITAL

52407 Skidgel Rd.
La Pine, OR 97739
541-536-5911
info@wickiupanimalhospital.com

WELCOME

Thank you for choosing us to care for your pet(s). Please take a few moments to complete this form. If you have any questions, please do not hesitate to ask.
Thank you!

Client Information

Name: _____ Spouse/Other: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Preferred method of contact? ☐ Call ☐ Text ☐ Email

Employer: _____

Client Drivers license #: _____ State: _____ Birthdate: _____

May Wickiup Animal Hospital use photos of your pet(s) for Social Media and educational purposes? ☐ Authorize ☐ Decline

Financial Policy

Wickiup Animal Hospital requires payment in full at the time of services. I am over 18 and assume financial responsibility for all charges incurred to the patient for services rendered. In the event of default payment and/or failure to pay, I agree to pay the costs of collection, including court costs and reasonable attorney fees to be determined by a court of law.

Signature of owner/agent:

_____ Date: _____

Pet Information # 1

Name: _____
Species: _____ Breed: _____
Color: _____

☐ Female Intact ☐ Female Spayed
☐ Male Intact ☐ Male Neutered

Birthdate/Approximate Age _____
Microchipped: ☐ Yes ☐ No

Previous Vet Clinic(s): _____

Current Medications: _____
Allergies: _____
Previous Health Issues: _____

Pet Information # 3

Name: _____
Species: _____ Breed: _____
Color: _____

☐ Female Intact ☐ Female Spayed
☐ Male Intact ☐ Male Neutered

Birthdate/Approximate Age _____
Microchipped: ☐ Yes ☐ No

Previous Vet Clinic(s): _____

Current Medications: _____
Allergies: _____
Previous Health Issues: _____

Pet Information # 2

Name: _____
Species: _____ Breed: _____
Color: _____

☐ Female Intact ☐ Female Spayed
☐ Male Intact ☐ Male Neutered

Birthdate/Approximate Age _____
Microchipped: ☐ Yes ☐ No

Previous Vet Clinic(s): _____

Current Medications: _____
Allergies: _____
Previous Health Issues: _____

Pet Information # 4

Name: _____
Species: _____ Breed: _____
Color: _____

☐ Female Intact ☐ Female Spayed
☐ Male Intact ☐ Male Neutered

Birthdate/Approximate Age _____
Microchipped: ☐ Yes ☐ No

Previous Vet Clinic(s): _____

Current Medications: _____
Allergies: _____
Previous Health Issues: _____
