



Timbers Veterinary Services
702 West Central Ave, Sutherlin
TimbersVet@gmail.com
Phone: 541-459-9577 Fax: 541-459-1725

New Client Form

Owner Name: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Employer: _____ Employer Phone: _____

Other Responsible Party: _____ Phone: _____

Preferred Method Of Contact (circle one): Any / E-Mail / Cell / Home / Snail Mail

Mailing Address: _____

Physical Address: _____

Pet Information

Pet Name: _____ Breed: _____

Color: _____ DOB: _____

Sex: M / F Altered: Y / N

Previous Veterinarian: _____

Pet Name: _____ Breed: _____

Color: _____ DOB: _____

Sex: M / F Altered: Y / N

Previous Veterinarian: _____

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Pet Information

Pet Name: _____ Breed: _____

Color: _____ DOB: _____

Sex: M / F Altered: Y / N

Previous Veterinarian: _____

Additional pets can be added by the receptionists at the time of the first exam

We require a non-refundable \$60 deposit to book your pets first exam. If you do not show for your pets first visit the deposit will be forfeited and you will not be rescheduled.

A staff employee will provide you with a printed treatment plan before any treatment is done if requested by the owner. A 50% deposit is required prior to treatment when your animal is a drop off appointment OR hospitalized. Payment is due at the time of service. We accept Visa, Cash, CareCredit and Personal Check payments.

NOTICE: Returned Check Fee is \$25. We require a 24hr notice if you need to cancel an appointment. A No Call / No Show Fee of \$25 per animal (\$10 for tech apts) scheduled will be billed to you and due before your next scheduled appointment.

By signing below, I certify that I am 18 years of age or older, and responsible for all charges and medical treatment incurred. I acknowledge the policies at Timbers Veterinary Services and agree to follow them.

SIGNATURE: _____ DATE: _____