



Rock Creek Veterinary Hospital
 1445 NW 185th
 Aloha, Oregon 97006
 (503) 645-4458

Admission Form

Date: _____

Name: _____

Spouse's Name: _____

Address: _____

Phone: _____

_____ City Zip Code

Cell #: _____

Email: _____

Spouse's Cell#: _____

Occupation: _____

Employer: _____

Work Phone Number: _____

Spouse's Occupation: _____

Spouse's Employer: _____

Spouse's Work Phone#: _____

Circle One: Dog Cat Bird Rodent Reptile Other:

Pet's Name: _____

Microchip #: _____

Breed: _____

Color: _____

Purebred: Yes / No

Circle any that apply: Family Pet Show Dog/Cat Breeding Animal Working Dog Service Dog

Circle One: Female / Male Spayed or Neutered: Yes / No

Date of Birth: _____ or approximate age: _____

Please list last vaccination dates for the following:

<u>Dog</u>	<u>Cat</u>
_____ DHPP	_____ FVRCP
_____ Bordetella	_____ Felv
_____ Rabies	_____ Rabies
_____ Heartworm Test	

Please indicate if you would prefer your vaccination reminders sent via: postcard or email (circle one)

How did you hear of us? Website/Google Friend Drove By Yellow Pages

Referred by: _____ Other: _____

* If under 21 years of age we must have a parent or guardian's authorization.

Rock Creek Veterinary Hospital operates on a cash basis and requires payment in full at each visit.
 We accept cash, debit card, Visa, Master Charge and Care Credit.

SIGNATURE: _____

THANK YOU