



Welcome to Sutherlin Veterinary Hospital

702 West Central Ave, Sutherlin
Mary Herrera, DVM Robin White, DVM
Phone: 541-459-9577 Fax: 541-459-1725

New Client Information

Owner Name: _____ Cell Phone: _____ Prvdr: _____

Email Address: _____ Home Phone: _____

Employer: _____ Employer Phone Number: _____

Spouse Name: _____ Cell Phone: _____ Prvdr: _____

Preferred Method Of Contact (*circle one*): (ANY) (TEXT) (E-MAIL) (CELL PHONE CALL) (HOME PHONE CALL)

Mailing Address: _____

Physical Address: _____

Pet Information

Pet Name: _____ Breed: _____ Sex: _____ Altered: _____

Color: _____ DOB: _____ Previous Vet Recs: _____

Pet Name: _____ Breed: _____ Sex: _____ Altered: _____

Color: _____ DOB: _____ Previous Vet Recs: _____

Pet Name: _____ Breed: _____ Sex: _____ Altered: _____

Color: _____ DOB: _____ Previous Vet Recs: _____

We require a non-refundable \$55 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, and Personal Check payments. We offer CareCredit and Scratch Pay.

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 appts) 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 Sutherlin Veterinary Hospital's policies and agree to follow them.

SIGNATURE: _____ DATE: _____