



# WILDWOOD VETERINARY CLINIC

## Welcome to Wildwood Veterinary Clinic!

wildwoodvetclinic.com • 503.477.4757  
3734 SW Moody Ave. Portland, OR 97239

### Client Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Second Owner First Name: \_\_\_\_\_ Second Owner Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: (used for reminders and updates) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ - \_\_\_\_\_

Please indicate how you would prefer your pet's health alerts delivered to you:

Primary Phone Number  E-mail

Secondary Phone Number  Text

How did you hear about us? \_\_\_\_\_ Referred by? \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Approximate Age: \_\_\_\_\_ Microchipped?  Yes  No

Please mark:  Feline  Canine  Male  Female

Spayed or Neutered?  Yes  No Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Medical allergies or history of seizures? \_\_\_\_\_

Diet: \_\_\_\_\_ Temperament: \_\_\_\_\_

Current Medications/Preventives/Supplements: \_\_\_\_\_

Previous Vet (we can contact for records): \_\_\_\_\_

Does your pet have insurance?  Yes  No Insurance company: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ - \_\_\_\_\_

**I am the owner/authorized agent for the pet (s) listed on this form. I understand that I am financially responsible for any services/products provided and payment in full is due at the time services are rendered.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

