



**Wildwood Animal Hospital**  
 1404 NE 181<sup>st</sup> Ave.  
 Portland, OR 97230

## RESPONSIBLE PARTY INFORMATION

Name of Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ APT # \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work # \_\_\_\_\_

Co-Owner's Place of Employment: \_\_\_\_\_ Work # \_\_\_\_\_

**Who is your insurance company:** Trupanion, VPI, PetsBest, Embrace, Pet Plan  
**Policy #** \_\_\_\_\_ **Did you bring a claim form today?** Yes No

How did you first hear of Wildwood? An Individual? (who): \_\_\_\_\_

Advertisement? (where): Google Yelp Yellow Pages Other?: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Liability/Consent:** I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I assume full financial responsibility for the charges incurred in the care of my pet(s). I also understand that these charges will be paid at the conclusion of today's visit and that cash, Care Credit, Visa, Mastercard and Discover are the only accepted method of payment. **Sorry, no checks or money orders will be accepted.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PATIENT INFORMATION

Pet's Name: \_\_\_\_\_ Species (circle one): **DOG** **CAT**

Pet's Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: **Male** **Female** **Undetermined** (circle one): **Spayed** **Neutered**

Pet's Date of Birth: \_\_\_\_\_ \* Or Estimated Age: \_\_\_\_\_

Origin of Pet: **Pet/Feed Store** **Friend** **Shelter** **Stray** **Advertisement** **Breeder**

Previous Clinic where pet was last seen: \_\_\_\_\_ Phone# \_\_\_\_\_

If you have any pet records with you, please bring them to the receptionist with this completed sheet.