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Responsible Party Information:

Last: _____ First: _____ Middle Initial: _____

Home #: _____ Cell #: _____

Street Address: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Work #: _____ ext: _____ May we call you at work? **YES NO**

Driver's License #: _____ Birthday: _____

E-Mail Address: _____

Spouse Information:

Last: _____ First: _____ Middle Initial: _____

Cell #: _____

Employer: _____ Occupation: _____

Work #: _____ ext: _____ May we call you at work? **YES NO**

Driver's License #: _____ Birthday: _____

PLEASE INDICATE HOW YOU HEARD ABOUT OUR CLINIC

Yellow Pages Clinic Sign
 Personal Reference Other

If personal reference, whom may we thank? _____

To receive your Senior Citizen Discount, please check here if you are 65 or older ()

Please note that all fees are due and payable at time of service. We will happily provide an estimate/treatment plan so that outside financial arrangements can be made prior to treatment.

We accept all major credit cards (American Express, Visa, MasterCard), Care Credit, Cash, and Checks

Signature of Responsible Party

Date