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Eric Keiser, DVM  
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David Smith, DVM

**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