



Potlatch Veterinary Clinic
 240 6th Street
 Potlatch, Idaho, 83855
 Ph: 208-875-4838
 Email: office@potlatchvetclinic.com

Client / Patient Registration

Owner Information (Owner must be 18 years of age or older)

Name _____
 Mailing Address _____
 Physical Address _____
 Billing Address (card payments) _____
 Home Phone _____ Cell Phone _____
 Spouse/Partner _____ Phone _____
 Email Address _____
 What is the best method to contact you? _____ Send Reminders _____
 Employer _____ Work Phone _____
 Authorized Agent/Caregiver _____ Phone _____
 Mark any that apply:
 Senior, 60+ years old Veteran

Pet Name			
Species			
Breed			
Age/DOB			
Sex (spayed/neutered)			
Previous Veterinarian (can we call for records?)			
Current Heartworm Prevention			
Current Flea Prevention			

Does Potlatch Veterinary Clinic have permission to release medical records on your pets to:

- Veterinary/Specialty Hospitals on account)
 Grooming/Boarding Facilities
 Authorized Agents (listed)
 Other _____

I understand that payment will be due at the time services are rendered. Furthermore, I acknowledge that Potlatch Veterinary Clinic accepts cash, check, Visa, Mastercard, American Express, and Care Credit as forms of payment with appropriate identification.

Signature _____
 Printed Name _____ Date _____