Guardian Information

Guardian:	Partner/Other:			
Address:	_ City:		State:	Zip:
County:				
Main phone number:	Email:			
Secondary contact number:	_			
How did you hear about us? Individual we may t	hank:			
☐ Internet ☐ Web site ☐ Mobile App ☐	Drove by ☐ Fa	cebook 🛚 (Other:	
Because many of our clients choose to maintain emergency care, it is helpful for us to have conta any other veterinary doctors or facilities that you Veterinarian/Clinic:	act information whe may be working w	en coordinating ith:	the care of yo	our pet. Please list
Veterinarian/Clinic:	_ Phone number:	:		
Please be aware of the following policies: Appointment charges are based on the time review, research, and consultation with the We appreciate the courtesy of 24-hours' not reserve the right to charge for late cancellar missed PDCA appointments. We require a 48-hour advance notice for a doctor and have your prescriptions ready requests with less than 48-hours' notice. Holistic Pet Vet Clinic LLC is not an emerg appointment times during our regular busing accommodate your emergency needs. Ple we can follow up holistically when the acut Payment is due at the time services are reserved Please note: We do not accept returns or got I have read and understand the above policies, a for my pet(s) at Holistic Pet Vet Clinic LLC.	e doctor. potice if you are una ations or missed of all prescription refill y when you arrive ency facility. While ness hours, there n ase seek emergen e situation has bee ndered. give refunds on for	able to keep a specifice visits, missing requests. This e. A "rush" feet we make even ay be days that ye care as need an atabilized.	scheduled apposed surgical apposed surgical apposed surgical apposed of \$20.50 where the second surgical apposed in the research at the second surgical apposed in the second surgical appointment of the second surgical appointment su	ointment. We pointments and e to consult with a ill be charged for erve emergency annot eassurance that
Guardian or Responsible Party		Date		

Holistic Pet Vet Clinic LLC Witness

Date

Phone: 503-293-6666, Fax 503-293-1721