

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Physical Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular # \_\_\_\_\_

Previous Veterinarian \_\_\_\_\_

Client E-mail Address \_\_\_\_\_

Employer Name / Phone Number \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE # \_\_\_\_\_

\*\*\*\*\* PAYMENT TERMS \*\*\*\*\*

\* Payment in full is required at time services are rendered. \_\_\_\_\_ initial

\* We accept cash, VISA, Mastercard, Debit card \_\_\_\_\_ initial

\* Deposits are REQUIRED for emergency procedures \_\_\_\_\_ initial

\* We DO NOT bill for our services \_\_\_\_\_ initial

**We will need a copy of your drivers license or state ID for our records**

PLEASE READ AND SIGN/DATE BELOW:

I assume responsibility for all charges incurred in the care of my animal(s). I also understand that payment is required at time of service and agree to those terms. Any remaining balance will accrue monthly interest at 1.5% (\$1min) AND \$3 monthly billing fee. I further acknowledge and agree that in the event of non-payment, or returned payment, the balance of my account may be turned over for collection. In that event, all collection and legal fees will be added.

Signature of owner or agent: \_\_\_\_\_

Date: \_\_\_\_\_

**Next page for animal information**

**PET INFORMATION**

**Pet #1**

Name: \_\_\_\_\_ Species: **Cat** **Dog**

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Male** **Neutered male** **Female** **Spayed female**

Has this animal ever been pregnant? **NO** **Yes**

Date of Birth/Approx age: \_\_\_\_\_

Any lab work done in the last 12 months? If yes, what tests?  
\_\_\_\_\_

Any known allergies or reactions to any medications or vaccinations? If yes, please explain:  
\_\_\_\_\_

Are you the original owner of this pet? \_\_\_\_\_

If no, how long have you had this pet? \_\_\_\_\_

**Pet #2**

Name: \_\_\_\_\_ Species: **cat** **dog**

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Female** **Spayed female** **Male** **Neutered male**

Has this animal ever been pregnant? **NO** **Yes**

Date of Birth/Approx Age: \_\_\_\_\_

Any lab work done in the last 12 months? If yes, what tests?  
\_\_\_\_\_

Any known allergies or reactions to any medications or vaccinations? If yes, please explain:  
\_\_\_\_\_

Are you the original owner of this pet? \_\_\_\_\_

If no, how long have you had this pet? \_\_\_\_\_

**Umpqua Low-cost Veterinary Services  
Income Qualificaiton Verification Sheet**

**2022 ULVS Income Guidelines**

Client # \_\_\_\_\_

Date: \_\_\_\_\_

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Feral Cat Program                       |
| <input type="checkbox"/> | Oregon Trail Card                       |
| <input type="checkbox"/> | SS/SSI/SSD disability*                  |
| <input type="checkbox"/> | Unemployed*                             |
| <input type="checkbox"/> | Senior Fixed Income*                    |
| <input type="checkbox"/> | HUD Housing                             |
| <input type="checkbox"/> | TANF/OHP                                |
| <input type="checkbox"/> | Nonprofit org                           |
| <input type="checkbox"/> | Other                                   |
| <input type="checkbox"/> | * Number of persons living in household |
| <input type="checkbox"/> | *Total household income                 |

Monthly		
Persons in Family		DCLVS Guidelines - 185% of DHHS
	1	\$ 2,595
	2	\$ 3,495
	3	\$ 4,395
	4	\$ 5,296
	5	\$ 6,196
	6	\$ 7,096
	7	\$ 7,999
	8	\$ 8,899
		For each additional person, add: \$700

Annual		
Persons in Family		DCLVS Guidelines - 185% of DHHS
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
		For each additional person, add:

I agree the above marked information about my financial income is accurate and true.

ULVS is a veterinary clinic strictly for low income pet owners.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ULVS Staff Signature verifying qualifying paperwork \_\_\_\_\_