Jean Battig, DVM
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(503) 292-4533 Fax: (503) 445-4509

Date: _____ **Presenting complaint:** _____

Owner Information: _____
Last Name First Name Spouse/Partner

_____
Street Address City State Zip

(___)_____(___)_____(___)_____(___)_____
Home Phone Business Phone Cell/Pager Spouse/Partner

_____
Workplace & Occupation Spouse/Partner Workplace & Occupation

E-mail Address: _____

Patient Information: _____ Male Female Intact Neutered/Spayed Weight____lbs

Canine Feline Name Other _____
Breed Color D.O.B Age

Any known allergic/drug reactions: _____

How did you hear about us? _____

Regular Veterinarian: _____
First Name Last Name Clinic name

_____
City State Zip Phone number

Hospital Policy: Animal Dental Clinic abides by a veterinary referral Code of Ethics. If you're pet has been referred by your veterinarian for treatment with the Animal Dental Clinic and requires medical attention unrelated to an oral condition, please contact your primary care veterinarian for further assistance.
Payment: Payment is due at the time of service. We accept Visa, Mastercard, Discover and debit cards, in addition to checks and cash.
Estimate: An itemized estimate will be provided for the recommended diagnostic and treatment procedures.
Credit: The Animal Dental Clinic cannot extend credit. If you think that you might require a payment plan, please ask the receptionist for options after your appointment prior to scheduling your procedure. We often use patient pictures for our website or Facebook. We may also use medical cases for veterinary journals or publications.

****Your initials give ADC authorization to release portions of your pet's medical history and record, including personal recollections, radiographs, photographs, testimonials, videotape images or other images for use in the print media, on a brochure, the OVH website, social media outlets, and veterinary publications.**
Approve: _____ **(initial here) Decline:** _____ **(initial here) Date:** _____