

Lower Columbia Veterinary Clinic

Tammy L. (White) Renteria, DVM

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REGISTRATION FORM

First Name _____ Last Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Workplace _____ Work Phone _____

E-mail _____

Preferred method of contact? Phone Email Other?

Secondary Contact:

First Name _____ Last Name _____ Title _____

Cell Phone _____

Work Place _____ Work Phone _____

E-mail _____

Referral _____

Personal Yellow Pages Sign Ad Newspaper Other _____

Emergency Contact _____

Emergency Phone _____

Memo _____

**Pet Insurance ____ Yes ____ No Insurance Name: _____ **

Information of Pet:

Species: _____ Breed: _____