



Contact Phone: 541.322.8843
www.centraloregonpetcarepros.com

Livestock Form Contract

1900 NE 3rd Street Suite 106-27 Bend, Oregon 97701

Client Name: _____

Pet Name: _____ **Breed/ Sex/ Age:** _____

Feeding Instructions: _____

Turn Out Instructions: _____

Pet Medical History: (ongoing or reoccurring illnesses/injury, treatments & medications)

Barn Stall Instructions: (Cleaning routine, feeding barn cats, or other barn animals)

Veterinary Information

(Please leave credit card information at the vet's for billing purpose in case of emergency)

Name: _____ Phone: _____ Doctor: _____

Name: _____ Phone: _____ Doctor: _____

Pet Medical Emergency Information

We, the client, give you Central Oregon Pet Care Pros, permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian of our choice. We the client will be responsible for full payment of such care.

Client Signature: _____

Other Specialized Instructions:
