Animal Clinic of the Oaks

Client Information:

Today's Date: ________

Owner's Name: ________________________ Spouse/Other: ____________________
Last First

Address: __________________________ City: ____________________ Zip code: ______

Home Phone: (___)__________________ Cell Phone: (___)__________________

Occupation: _______________________ Work Phone: (___) _________________

Emergency contact: Name _______________ Phone:(___) _________________

How did you hear about us? _________________ e-mail address: ______________________

Are you a previous client? Yes No ***Are you 18 or older?*** Yes No

PET INFORMATION:

Pet's Name __________________DOB __________Color: _________ Breed: _______________

Dog / Cat Male/Female Spayed/Neutered Microchipped: Yes/No (circle)

Previous Vaccine Reactions? Yes/No Allergies: __________________

Pet's Name __________________DOB __________Color: _________ Breed: _______________

Dog / Cat Male/Female Spayed/Neutered Microchipped: Yes/No (circle)

Previous Vaccine Reactions? Yes/No Allergies: __________________

Pet's Name __________________DOB __________Color: _________ Breed: _______________

Dog / Cat Male/Female Spayed/Neutered Microchipped: Yes/No (circle)

Previous Vaccine Reactions? Yes/No Allergies: __________________

HOSPITAL POLICY: PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. A DEPOSIT IS REQUIRED ON ALL HOSPITALIZED PATIENTS. BALANCE IS TO BE PAID UPON DISCHARGE. If any payments are unsuccessful, I will make reasonable effort, in good faith, to provide the due funds to Animal Clinic of The Oaks at the soonest possible time. I understand that if I am more than 45 days delinquent on any payment to Animal Clinic of The Oaks, my account will be forwarded to a collection agency that may use any legal method to collect on this debt plus any costs, legal fees, or interest (1.5%/month) that may have accrued. Our office is to use all reasonable precautions against injury, escape, or demise but will not be held liable or responsible in any manner regarding the care or safekeeping of the animal.

I have read and understand the above hospital policies

SIGNATURE: ______________________________