

OAK VIEW ANIMAL CLINIC

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this sheet.

Date _____

Owner's Name _____ Spouse/Other _____

Address _____ City _____

State _____ Zip _____ Email Address _____

Home Telephone _____ Work _____ Cell _____

Employer Name/Address _____

Spouse/Other's Employer/Address _____

Driver's License Number _____ State _____

What telephone number and what time is the best to call you about your pet?

Telephone _____ Time _____

In case of EMERGENCY, please call _____ at telephone

Number _____.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

I am responsible for all charges for the care of my pet _____

Acceptable methods of payment are: cash, check, Visa, MC, Discover or money order.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature _____

Comments: _____

