

OAKWOOD ANIMAL HOSPITAL

Client Information

Please fill in all information

Last Name	First Name	Middle Initial	Date
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Street Address and Mailing Address	City	State	Zip
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Email Address	Home Phone	Cell Phone
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Employer (all employer information is required)	Occupation
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Business Address	Business Phone
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Spouse/Co-owner	Employer	Business Phone
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How did you hear about our practice? The Shopper ___ Billboard ___ Website ___ Drive By ___

Client Referral _____ Other ___ Where: _____

Emergency Contact	Home Phone	Business Phone
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Drivers' License Number _____

PET INFORMATION

(1) _____ ___ Dog ___ Cat ___ Male ___ Female
Pet's Name

_____ Yes / No
Breed Spayed/Neutered _____ Birth Date _____ Color

(2) _____ ___ Dog ___ Cat ___ Male ___ Female
Pet's Name

_____ Yes / No
Breed Spayed/Neutered _____ Birth Date _____ Color

PAYMENT POLICY

All fees are due at the time services are rendered. We will gladly prepare a written estimate of service fees if you desire (please ask receptionist or technician). We accept cash, checks, major credit cards, and ATM/bank cards. There will be a service charge for any check returned unpaid. If writing a check, be prepared to submit the driver's license, place of employment with phone number of person on check, and current home street address/phone number. If unemployed or retired, a valid major credit card must be submitted to secure payment of a check. No out of state checks or counter checks will be accepted.

In cases where full payment may be difficult, we do offer Care Credit to qualified applicants. Care Credit is a revolving credit card account. Minimal requirements to apply for Care Credit are employed at current job for 1 year (unless retired), lived at current residence for 1 year, picture identification for each applicant, and must have monthly income of at least \$1000. All applicants and co-applicants must be present to apply. Care Credit application process takes approximately 10 minutes.

Signature of client responsible for pet(s)

Date