

OAKWOOD ANIMAL HOSPITAL

Client Information

Please fill in all information

Last Name First Name Middle Initial Date

Street Address and Mailing Address City State Zip

Email Address (For Reminders) Home Phone Cell Phone

Spouse / Co-owner Phone

Name of anyone else allowed to make decisions about your pet Phone

How did you hear about our practice? The Shopper ___ Other Advertisement ___ Website ___ Drive By ___

Client Referral _____ Other _____

PET INFORMATION

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

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

Are you the owner of this pet? YES / NO If not the owner, are you allowed to make decisions? YES / NO

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

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

Are you the owner of this pet? YES/NO If not the owner, are you allowed to make decisions? YES/NO

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, major credit cards, and ATM/bank cards.

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

By signing this form, you are claiming financial responsibility for services rendered.