

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) ____
Pet's Name ____ Dog ____ Cat ____ Male ____ Female

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) ____
Pet's Name ____ Dog ____ Cat ____ Male ____ Female

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. Care Credit application process takes approximately 10 minutes.

Occasionally we like to post pictures of client pets on our facebook page. Please initial if okay to use your pet's picture. We will ask permission before posting. _____

Signature of client responsible for pet(s) Date

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