

# 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_