

Country Oaks Veterinary Hospital

PATIENT/CLIENT INFORMATION

Welcome to Country Oaks Veterinary Hospital. 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 both sides of this information sheet.

Your Name _____ Spouse/other _____

Address _____ City _____ Zip _____

Home Telephone _____ Your Work Telephone _____

Cell phone _____ Would you like to receive our email newsletter? []

Your Email Address _____

Your Employer _____ Employer Address _____

Spouse's Employer _____ Employer Telephone _____

Your Driver's License Number _____ Exp. date _____

In case of EMERGENCY, please call _____ @ Telephone _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign Friend Yellow Pages Ad Newspaper Other

Referred by _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

**We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard and Discover Card.
We charge \$25 fee for returned checks.**

SIGNATURE _____ DATE _____

Please List Individual Pet Information On The Back Of This Form

ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
Name			
Cat or Dog?			
Breed			
Description/color			
Age			
Date of Birth			
Sex/Altered?			
Length of Time Owned			
How Obtained?			
Previous Hospital/Vet			
Microchip #			
Vaccinations			
DHPP			
Bordetella			
Rabies			
FVRCP			
FELV			
Any Other Vaccines?			
Current Medications			
Special Diet			
Prior Illness/Accidents			
Prior Surgery/Dentistry			

Please tell us of any other information we should have to best assist you and your pets.

Details
