



CLIENT REGISTRATION FORM



Welcome to Oakland Animal Hospital. Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please complete this form. We'll be happy to answer any questions you may have.

CLIENT INFORMATION

All information will be kept confidential to protect your privacy. Please print.

Dr. Mr. Mrs. Ms. Owner's Name _____
(Person responsible for financial obligations)

Address _____ City _____ State _____ Zip _____

Home Telephone: _____ Work _____

Cell _____ E-Mail _____

Dr. Mr. Mrs. Ms. Spouse _____
Co-Owner _____

Home Telephone: _____ Work _____

Cell _____ E-Mail _____

Please tell us how you heard about us (mark all that apply):

Recommended by a friend. Please tell us who referred you so we can thank them: _____

Veterinarian referral. Clinic name _____

Previous client Yellow Pages Sign / Location Website Other: _____

PAYMENT POLICY

Full payment is required upon rendering of services. Deposits may be required on major medical/surgical cases, trauma cases and emergency work where hospitalization is required.

Please indicate your choice of payment method Cash Check Credit Card

NOTE: A \$30.00 CHARGE WILL BE ASSESSED FOR A RETURNED CHECK.

We will gladly prepare a written estimate for services upon your request.

We do not carry open accounts and hope the above alternatives are convenient for you.

AUTHORIZATION

I assume responsibility for all charges incurred in the care of my pet(s). In the event payment is not received in full, and the account is placed in collections, I understand I will be responsible for any applicable service charges and attorney fees.

_____ Date _____ Witness _____

(Owner's signature or responsible person)

(OAH employee)