

# 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/Title \_\_\_\_\_ Spouse/other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Your Work Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ Can we send you text messages? Yes / No

Your Email Address \_\_\_\_\_ Would you like to receive our email newsletter? [ ]

Your Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Employer Telephone \_\_\_\_\_

Your Driver's License Number \_\_\_\_\_ Exp. date \_\_\_\_\_

In case of EMERGENCY, please call \_\_\_\_\_ @ Telephone \_\_\_\_\_

How do you prefer to be notified of reminders? Phone message \_\_\_\_\_ Email \_\_\_\_\_ Post Card \_\_\_\_\_

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

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

Details

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