



Oceanside Veterinary Hospital



Client Information: Date: _____ *Owner's DOB: _____

*Owner: _____ Spouse: _____

*Primary E-mail (used as an alternate source of communication on your pets health):

Additional authorized person(s) to access medical records and make medical decisions:

*Home Address: _____ City: _____ State: _____ Zip: _____

Are you Military/Dependent? Yes No

Driver's License: _____ State: _____ Expiration Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Spouse's Employer: _____ Spouse's Phone: _____

Do we have your permission to put your pet's photo on our social media (such as Facebook, Instagram, etc)?
Yes No

Our reminding system is a service by AllyDVM. They will send you text by cell phone and emails about an upcoming appointment and/or reminders of services due. Please initial here to give permission for Vetshout to contact you by either email or cell phone and or both. Initial: _____

Alternate Cell phone: Phone Number: _____

Alternate email for communication: E-mail: _____

I am not the owner of the pet, but have authorization from the owner to accept full responsibility for all treatment performed and full payment incurred.

Name: _____ Signature: _____ Date: _____

Owner's Name: _____ Phone: _____

How did you become aware of our hospital? Current/Previous Client Internet Other: _____

Friend / Relative _____
(Whom may we thank?)

All Fees Are Due And Payable Upon Completion Of Services Rendered

CHECKS NOT ACCEPTED FOR NEW CLIENTS OVER THE AMOUNT OF \$250

I thereby assume all financial responsibility for any and all charges incurred in the case of my animal(s). I also understand that these charges will be paid for at the time of services rendered and that a deposit may be required prior to treatment.

Name(Print): _____ Signature: _____ Date: _____

Patient Information:

Pet's name: _____

Which (if any) veterinary hospital(s) have previous records? _____

What insurance does your pet have (if any)? _____

Species: Canine Feline Rabbit Avian Rodent Reptile

Breed: _____ Color: _____

Gender: Male Female Unknown

Spayed or Neutered? Yes No

Date of Birth: _____ Age: _____

Microchip Number: _____

Medical Conditions: _____

Current Medications: _____

Preventative Health (please list dates):

Canine		Feline
Rabies:		Rabies:
DHPP:		FVRCP:
Bordetella:		FELV:
Leptospirosis:		Other vaccinations:
Canine Influenza (CIV):		
Other vaccinations:		
Fecal test:	Heartworm test:	Fecal test:

Is your pet currently on any flea, tick, or heartworm preventative?

If yes, please list: _____

Pet Lifestyle Questionnaire:

Pet's Name: _____

Owner's Name: _____

Circle or fill in the blanks to all that apply.

Is your pet a dog or a cat? _____

How long have you had your pet? _____

Where did you get him/her? _____

How many pets total do you own? _____

Where does your pet spend most of their time? Indoors Outdoors Both

How will your pet spend most of their time? Indoors Outdoors Show/Performance

Traveling/RV Family/Children Hunting/Wildlife Exposure Breeding

Other: _____

How would you describe your pet's health conditions: Healthy Sick Other: _____

About how much time does your pet spend outdoors each day?

None 30 min- 1 hr 1-2 hrs 2-4 hrs 4+ hrs

How would you best describe your pet's attitude? _____

Does your pet have any behaviors you would like to change? _____

How would you describe your pet's body? Very thin Ideal/Average Overweight Obese

Do children or immunocompromised people (weakened immune system) live in your home? Yes No

Do you have any questions regarding your pet's life style? Yes No

If Yes, please explain: _____

What other kind of pet(s) do you own?

Cat Dog Both Other (please list): _____



Where do your other pets spend most of their time (if applicable)? Indoors Outdoors Both

Signature: _____ Date: _____