

Oceanside Veterinary Hospital

Client Information

Date _____

*Owner _____ Spouse _____

*Owners DOB _____ *E-mail _____

*Home Address _____ City _____ State _____ Zip _____

Are you Military? Y / N Driver's License # _____

Home Phone _____ *Cell Phone _____

Employer _____ Occupation _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

Spouses Employer _____ Occupation _____ Work Phone _____

Do we have your permission to put your pet's photo on Facebook? Yes No

Our reminding system is a service by Vetshout. 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.

Cell phone: _____ email: _____

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: _____

Owners Name: _____ Phone: _____

How did you become aware of our hospital?

_____ Sign _____ Yellow Pages _____ Current/Previous Client _____ Internet

_____ Other _____ Friend / Relative _____

(whom may we thank?)

All Fees Are Due and Payable Upon Completion of Services

Method of payment: _____ Cash _____ Check _____ Credit Card

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) _____ Signed _____ Date _____

Patient Information

Pet's Name: _____

Veterinary Hospital that has previous records? _____

Species: Canine Feline Rodent Reptile Rabbit Avian

Breed: _____ Color: _____

Sex: Male Female Spayed or Neutered? Yes No

Age/DOB: _____ 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):		Fecal Test:
Other Vaccinations:		
Fecal Test:	Heartworm Test:	

Is your pet currently on any flea or heartworm preventative? Yes No

If so, please list: _____

Administrative Use Only		
Patient Information Updated:	<input type="checkbox"/>	Date Updated: _____ Initial: _____