

Date: ___ / ___ / ___

**CLIENT AND PATIENT
INFORMATION SHEET**

Thank you for giving Oak Hill Animal Clinic the opportunity to care for your pet.
So that we may become better acquainted with you and your pet, please complete the following form:

Owner Name:

Spouse's Name

Mr. / Mrs. / Dr. / Ms

Mr. / Mrs. / Dr. / Ms

Last First Initial Last First Initial

Street: _____ Driver's License # _____

City: _____ State: _____ Zip: _____

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

How did you become aware of our clinic?

Yellow Pages Clinic Sign Internet Other

Personal Recommendation – Who may we thank? _____

	Pet 1	Pet 2	Pet 3
Name			
Cat/Dog/Other			
Breed			
Color			
Date of Birth			
Sex			
Spayed/Neutered			
Date of Last Vaccination			
Is this Pet a Show Animal?			
Is this Pet a Hunting Dog?			
Do any of these pets experience problems with the following:			
Allergies			
Seizures			
Vaccine Reactions			
Are any of these pets on the following (if so please specify):			
Medication			
Special Diet			
Flea Prevention			
Heartworm Prevention			

CASH PAYMENT AT TIME OF SERVICE RENDERED
-PERSONAL CHECKS ARE ACCEPTED WITH PROPER IDENTIFICATION-
WE ALSO ACCEPT MASTERCARD, VISA, DISCOVER, AND AMERICAN EXPRESS
Again, thank you for giving us the opportunity to serve you.