

# Welcome to Oakview!

Please spend a few moments filling out this form.

## CLIENT REGISTRATION FORM

DATE: \_\_\_\_\_

CLIENT NUMBER: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

CO-OWNER / SPOUSES NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MAY WE CONTACT YOU AT WORK?  YES  NO

WORK PHONE: \_\_\_\_\_ EMPLOYERS NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DRIVERS LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

### HOW DID YOU HEAR ABOUT OUR HOSPITAL?

- YELLOW PAGES       HOSPITAL SIGN       NEWSPAPER ADVERTISEMENT  
 INTERNET       FRIEND / RELATIVE REFERRAL       PROFESSIONAL REFERRAL  
 IF REFERRAL - WHOM CAN WE THANK?

PREVIOUS VETERINARY HOSPITAL \_\_\_\_\_

MAY WE REQUEST YOUR RECORDS FROM THEIR OFFICE?  YES  NO

*Our objective as a hospital is to provide you and your animal family with the best possible veterinary care, **thank you** for selecting us to care for your companions!*

Our staff will gladly prepare a written estimate of fees at your request. Please ask our staff if you have any questions regarding your pet's health care, our fees or payment procedures.

● ● ● **All fees must be paid in full at the time service is provided.** ● ● ●

We accept the following forms of payment:

**Cash**

**Check** (valid drivers license required)

**MasterCard or Visa**

**CareCredit**

Signature of person responsible for payment

Date

Confirm Information: Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Initials \_\_\_\_\_ Initials \_\_\_\_\_ Initials \_\_\_\_\_ Initials \_\_\_\_\_