

WELCOME TO OATES VETERINARY CLINIC

CLIENT INFORMATION

Last Name: _____ First: _____ Spouse: _____

Address: _____ City/State/Zip: _____

Address 2: _____ County: _____

Phone #1: _____ Home/Cell (please circle) #2 _____ Home/Cell

Place of Employment: _____ Work #: _____

Social Security #: _____ Email: _____

How did you hear about Oates Veterinary Clinic: _____

PET INFORMATION

Canine: _____ Feline: _____ Other: _____

Pet's Name: _____ Breed: _____

Color: _____ Date of Birth: _____ Male or Female (Circle)

Spayed/Neutered: Yes ___ No ___ If Yes at What Age: _____

Hair Length: Long ___ Medium ___ Short ___

VACCINATION DATES

CANINE

Distemper: _____

Bordetella: _____

Rabies: _____

Heartworm Test: _____

Stool Check: _____

FELINE

Distemper: _____

Leukemia: _____

Rabies: _____

FIP: _____

Stool Check: _____

PAYMENT IS DUE WHEN SERVICES ARE RENDERED.

Will You Be Paying By: Cash: ___ Check: ___ Visa: ___ MC: ___ Discover: ___ Care Credit: ___

If there is any further information that you feel will aide in maintaining the health of your pet please feel free to use the backside of this sheet.

WE WILL GLADLY PREPARE A WRITTEN ESTIMATE IF YOU DESIRE (PLEASE ASK OUR RECEPTIONIST)