Welcome to Oliver Animal Hospital

Owner Name:_____
First Last

Address:_____City:_____ State:_____ Zip: _____

*****Please indicate which phone number is best to contact you*****
Home Phone:_____ Work Phone:_____

Cell Phone:_____ Employer: _____

Spouse:_____ Spouse's Cell Phone:_____

Alternate Contact:_____ _____ Phone:_____
First Last

Whom may we thank for referring you or how did you hear about us? _____

Email:_____ (All email address' will be kept personal and confidential)
Please check the following box if you would like us to send reminders or client special notification emails to this address ☐

Patient Information

Name:_____ Sex: Male/Neutered Male Female/Spayed Female

Birth Date:_____ or Age:_____ Species: Canine Feline Other:_____

Breed:_____ Color:_____

Microchip Number:_____

Food or Drug Allergies?_____

Previous Veterinary Hospital: _____

*******If you are not able to keep a scheduled appointment please call at least 24 hours in advance to cancel or reschedule. This allows us to see another patient during that time period.*******

_____ **SOCIAL MEDIA RELEASE:** **I grant Oliver Animal Hospital permission to post my pet's picture, story, and medical information on social media.**

Office use only ☐
Info entered

_____ **PLEASE INITIAL:** **We do not accept personal checks.**
All professional medical services must be paid in full at the time they are rendered.

We accept credit cards, debit cards, care credit, and cash.
As a pet guardian, you will be held liable for the financial responsibility of services that are performed for each pet. Unpaid balances will be recovered as deemed appropriate by Oliver Animal Hospital management and may incur a $30.00 administration fee. A 1.5% monthly interest fee will be charged on all unpaid balances. I understand and abide by the above statements.

Signature:_____ **Date**:_____