



New Client Registration Form

Welcome and thank you for giving us the opportunity to care for your pet. Please take a minute to read and sign our financial information notification and authorization to release medical records for your pet(s) if ever necessary.

Date: _____

Owner's Name: _____

Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone/Contact Numbers:

Home (____) _____ Cell #1 (____) _____ Cell #2 (____) _____ Work #(____) _____

E-Mail Address: (for reminders only) _____

Please list any other family members or friends that have your permission to bring in your pets.

How did you first hear about our hospital?

Friend Referral (please write name of friend) _____

Hospital Sign Google Facebook Website Other

FINANCIAL INFORMATION NOTICE

Payment is due when services are rendered . We accept cash, checks (with proper ID) and all major credit cards. We also offer Care Credit with 6 months interest free financing. **We do not bill for services.**

I hereby authorize the doctors and technicians of Oak Hammock Animal Hospital to administer services/treatment as explained to me by the doctor. I assume all financial responsibility for charges incurred for the care and treatment of my pet(s). I understand that services are to be paid for when rendered. At my request, I will receive a written estimate for services which I may decline for any reason.

Owner/agent

____/____/____
Date

MEDICAL RECORDS RELEASE

I hereby authorize the staff of Oak Hammock Animal Hospital to release the requested medical information for my pet(s).

Owner/agent

____/____/____
Date

For hospital staff only - verified name/address/phone/e-mail in computer _____