

### CLIENT INFORMATION FORM

Title:	Last Name:	Middle Initial:	First Name:
Street Address:			Apartment Number:
City:	State:	Zip:	Home Number:
Employer:			Work Number:
Mobile Number:	Email Address:		

#### Spouse/Roommate

Last Name:	First Name:	Contact Phone Number:
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#### Personal Information:

Social Security Number:	Date of Birth:	
Driver's License Number:	State:	Expiration Date:

How did you learn about our hospital? Drive-By <input type="checkbox"/> Online <input type="checkbox"/> Website <input type="checkbox"/> Family/Friend <input type="checkbox"/>	Referral? Please let us know who we should thank.
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#### Pet's Information (Please list each pet that you own)

<b>PET'S NAME:</b>	Microchipped:	Sex:	Spay/Neuter:
	YES NO		YES NO
Date of Birth:	Species:	Breed:	Color:
<b>PET'S NAME:</b>	Microchipped:	Sex:	Spay/Neuter:
	YES NO		YES NO
Date of Birth:	Species:	Breed:	Color:
<b>PET'S NAME:</b>	Microchipped:	Sex:	Spay/Neuter:
	YES NO		YES NO
Date of Birth:	Species:	Breed:	Color:
<b>PET'S NAME:</b>	Microchipped:	Sex:	Spay/Neuter:
	YES NO		YES NO
Date of Birth:	Species:	Breed:	Color:

**(PLEASE CONTINUE ON BACK)**



## Hospital Policies

Our Hospital will not release your pet to any person not specifically authorized by you.

Please list all persons you wish to pre-authorize for receiving your pet:


Do you authorize us to obtain information about your pet(s) from another veterinarian, kennel, breeder or any other person? Yes  No

Do you authorize us to release information about your pet(s) to another veterinarian, kennel, breeder or any other person? Yes  No

- Our hospital requires that every pet left in our care to be current on vaccines as determined by our veterinary staff and be free of internal and external parasites. Treatment and/or vaccines will be administered at the expense of the owner, including doctor's exam fees.
- All pets left in our care overnight must have had an examination by our doctors within the last six months.
- No pets will be released outside of regular business hours.
- Our doctors will proceed to treat any medical conditions which occur or exist in your pets while left in our care. Any such treatment will be at the expense of the owner. If you do not want your pet treated without a phone call, you must leave a number where you can be reached during regular office hours, and inform the receptionist at the time of drop off to have the doctor call you before treatment is initiated. In the event of an emergency, the doctor will proceed to treat your pet without speaking to you first.
- If you desire an estimate prior to any treatment please ask the receptionist for a written estimate.
- Payment for services is due at the time the pet is released. We accept Master Card, Visa Discover, American Express, cash and checks. Hospital cases require a 50% deposit or \$200.00, whichever is greater, of the estimated cost at the onset of treatment.
- In the event your check is returned, Oak Forest Veterinary Hospital charges a \$30.00 return check fee.
- In the event that your account is turned over to collections, Oak Forest Veterinary Hospital charges a \$30.00 collections fee as well as all associated fees including attorney's fee assessed by the collection agency. All collections fees will added to the outstanding balance.
- Any outstanding balance on your account will be charged 1.5% interest rate at the end of the month.

By signing this document, I hereby grant Oak Forest Veterinary Hospital permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity. I also grant permission to use my name and/or my pet's name.

By signing this document I authorize Oak Forest Veterinary Hospital to edit, alter, share, remix, tweak, build upon or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the personal or commercial purposes outlined above.

Your signature here verifies that you have read and understand all the above information.

Signature:	Date:
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