

Client Registration Form

This information is KEPT PRIVATE. We do not distribute your information. This information is used as a secondary form of identification for your pet(s) and for identification in financial situations.

Items marked with asterisks are required.

*Name (First/Last): _____

*Address: _____ City: _____ Zip Code: _____

*Telephone: _____ [] Cell [] Home [] Work OK to text? [] Yes [] No
_____ [] Cell [] Home [] Work OK to text? [] Yes [] No

By providing us with your wireless/cell phone number, you are hereby consenting to receive calls or texts on your wireless/cell phone number for notification and/or billing purposes.

*Email: _____

*Driver's License/ID Number: _____

*How did you hear about us? [] Radio [] Web search [] Driving By [] Facebook
or friend/family member (name): _____

*Occupation: _____ *Employer: _____

Secondary Contact on Account (if desired)

[] Spouse [] Partner [] Co-owner [] Other (Please specify) _____

Name (First/Last): _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ [] Cell [] Home [] Work OK to text? [] Yes [] No
_____ [] Cell [] Home [] Work OK to text? [] Yes [] No

By providing us with your wireless/cell phone number, you are hereby consenting to receive calls or texts on your wireless/cell phone number for notification and/or billing purposes.

Email: _____

Driver's License/ID Number: _____

Occupation: _____ Employer: _____

Additional Emergency Contact on Account (if desired)

Name (First/Last): _____ Phone: _____

Professional fees are to be paid at the time services are performed. In admitting my pet(s) for diagnostics, treatment, or surgery – I authorize the veterinarians of Oak Knoll Animal Ltd., and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained. Further I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

Signature: _____ Date: _____

Patient Information

Pet's Name: _____

Canine Feline
 Male Female Spayed/Neutered

Birthdate (if known): _____ Microchip Number: _____

Breed: _____ Coat Color: _____

Previously seen at (name of clinic): _____

Vaccinations up to date? Yes No

If yes, last administered (date): _____

Which vaccines does this pet usually receive?

Rabies (1yr/3yr) Distemper Combo. (DHLPPC/FVRCP) Bordetella
 Lyme Influenza (Canine) Leukemia (Feline)
 Fecal Test Heartworm Test

Notes for this patient: _____
