

## New Client Information—Welcome to Oak Ridge Animal Center!

<b>Name</b>	<b>Spouse</b>
<b>Address</b>	<b>Cell Phone</b>
<b>City, State, Zip</b>	<b>Home Phone</b>
<b>Drivers Lic#</b>	<b>Drivers Lic#</b>
<b>Employer</b>	<b>Owner DOB</b>
<b>Email</b>	

### Pet Information

<u>#1</u>	<u>#2</u>	<u>#3</u>
<b>Name</b>	<b>Name</b>	<b>Name</b>
<b>Breed</b>	<b>Breed</b>	<b>Breed</b>
<b>Age</b>	<b>Age</b>	<b>Age</b>
<b>Male/Female Spayed/Neutered Y/N</b>	<b>Male/Female Spayed/Neutered Y/N</b>	<b>Male/Female Spayed/Neutered Y/N</b>
<b>Color</b>	<b>Color</b>	<b>Color</b>
<b>Current on Vaccines Y/N</b>	<b>Current on Vaccines Y/N</b>	<b>Current on Vaccines Y/N</b>
<b>Current on Heartworm Prevention Y/N</b>	<b>Current on Heartworm Prevention Y/N</b>	<b>Current on Heartworm Prevention Y/N</b>

I hereby authorize the veterinarian to examine, prescribe, or treat the above-described pet(s). I assume all the responsibility for all charges incurred in the treatment of this animal(s). I understand that all charges are due at the time of service, in some cases if hospitalization is needed a deposit will be required up front.

We accept cash, checks with proper identification, care credit, and most credit cards.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please Fax back to (580) 357-4340 Or Email to [Oakridgeveterinary@gmail.com](mailto:Oakridgeveterinary@gmail.com)