



DOUGLAS OAKS ANIMAL HOSPITAL
CLIENT INFORMATION FORM

Date _____ Intravet Acct # _____ Chart # _____

(Please Print) Name(s): _____

Additionally, I remain responsible and/or authorize these persons listed below regarding my pet(s), drop off, pick up and pet decisions in emergencies and/or in my absence.

Additional Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Additional Phone: _____

E-Mail: _____

Driver's License # _____ State: _____ Exp: _____

How did you hear about us?

- Personal Recommendation (who can we thank?) _____
- Hospital Sign
- Internet
- Chapel Hill News & Views

Pet Information

Pet Name	Sex	Altered Yes/No	Date of Birth	Species/Breed	Color

Method of Payment

Full payment is required at the time of service. For your convenience, we accept Visa, MasterCard, American Express, Discover, Care Credit, Cash or Check (with a valid driver's license).

Please check one:

- Cash
- Check
- Debit/Credit
- Care Credit

Consent

I understand that I and/or the persons listed above are responsible for veterinary services and products for any pet(s) I bring to Douglas Oaks Animal Hospital. I acknowledge there will be fees, costs and expenses incurred and payment is due at the time services are performed. I understand this policy agreement, authorize veterinary care and I agree to pay all fees, costs and expenses associated.

Signature: _____ Date: _____