



DOUGLAS OAKS ANIMAL HOSPITAL
NEW CLIENT INFORMATION FORM



**Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:**

Client Information:

Owners Name: _____ Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Additional Phone: _____

E-mail Address: _____

How did you hear about us?

Sign/Drive By _____ Website _____ Internet Search _____ Chapel Hills News & Views _____

Client Referral (who can we thank?) _____

Please tell us about your pet(s):

	<u>Pet Name</u>	<u>Pet Name</u>	<u>Pet Name</u>	<u>Pet Name</u>
Name				
Breed				
Age				
Color				
Sex				
Altered (spay/neuter)				
Environment (indoor/outdoor/both)				
Any Allergies				
Previous Illness/Injuries?				

Full Payment is REQUIRED at the time of services. For your convenience, we accept; Visa, MasterCard, American Express, Discover, Care Credit, Check, and Cash.

For the protection of animal health and safety, prescription drugs shall not be returned, exchanged or resold once they leave the building

Consent and Agreement

I accept and 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 time services are performed.**

I accept and consent for photos of my pet(s) to be used on Internet Social Media sites (ex: Facebook, Instagram, Twitter) to promote Douglas Oaks Animal Hospital on their page(s).

Under the Georgia Board of Veterinary Medicine medical records can only be released to the owner. By checking this box, you authorize Douglas Oaks Animal Hospital to release your pets records to reputable pet care providers.

Signature: _____ Date: _____