oakland hills
veterinary hospital

New Client and Patient Form

Welcome to Oakland Hills Veterinary Hospital. We are delighted that you have chosen us to care for your beloved pets. You are assured the highest quality of care with a loving touch. This form will help us know you better. Thank you.

Owner Information

Name: _____

Email Address: _____

Spouse/Roommate Name: _____

Address: _____
number / street city state zip code

Drivers license number: _____

Phone: Best number to reach you _____ **Cell Home Work**
(circle one)

Phone: Other numbers _____ _____
name / number name / number

Pet #1 Information

Name: _____

Species: Dog Cat Other: _____

Breed: _____ **Color:** _____

Birth date: _____ **Sex: male female**

Neutered? Yes / no

Pet #2 Information

Name: _____

Species: Dog Cat Other: _____

Breed: _____ **Color:** _____

Birth date: _____ **Sex: male female**

Neutered? Yes / no

How did you find out about our hospital?

_____ **Sign/location** _____ **Internet** _____ **Advertisement** _____ **Other:** _____

Did someone recommend us? We'd like to thank them! _____
name / number / address

Were you solicited by any employee of Oakland Hills Veterinary Hospital? _____