

Oberlin Animal Hospital Client Information Sheet

We would like to know how you found us! *(Please complete the option that best fits how you chose us.)*

_____ FRIEND/FAMILY REFERRAL: **Please tell us** who referred you to us so we can thank them: **Name** _____

_____ OTHER: APL, Humane Society, Another Clinic/Veterinarian: _____

_____ SAW SIGN (DRIVING BY)

_____ INTERNET

_____ YELLOW PAGES

_____ WAS PREVIOUSLY A CLIENT

_____ PRINT AD IN NEWSPAPER

_____ HEARD ABOUT PRICES

_____ BUSINESS CARD

_____ NON-CLIENT REFERRED

Owner Name: _____
(First) (Middle Initial) (Last)

Secondary Name(s): _____
[Other Person(s) who could be responsible for account or bringing in pets. First and Last Names please.]

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone Number: (_____) _____ Other Telephone Number: (_____) _____

Employer Name: _____

City: _____ Telephone: (_____) _____

For your convenience, we offer the following methods of payment. Please check the option you prefer. Payment is due in full at each appointment.

Cash

VISA/MasterCard/Discover

Care Credit

Personal Check*

****If paying by Personal Check your Social Security Number and Driver's License Number are REQUIRED.***

Owner's Social Security # _____ Driver's License #: _____

Emergency Contact: _____ Telephone: (_____) _____

Authorization of Service Agreement

I am the owner, or agent of the owner, of the animals described above and in this medical chart. I assume responsibility for all charges incurred in the care of the animal(s). I understand that a health care treatment plan with estimated fees can be generated for the various options of care recommended by the Doctor, and that I can request this treatment plan at any time. By putting my initials on the lines below I have read and understand the Oberlin Animal Hospital (OAH) Payment Policy and Health Records Release statements.

_____ *I also understand that the OAH payment policy is **payment is due upon the completion of my pet's visit** and all charges must be paid in full at the time of release of my pet. In emergency situations, a deposit will be required. OAH accepts: CASH, CHECKS, VISA, MASTERCARD, DISCOVER, Care Credit, and Veterinary Pet Insurance (VPI).*
Owner/Agent Initials

_____ *I give consent for OAH to release my pet's health records to third party entities (such as boarding kennels, grooming facilities, veterinary referral specialists, and pet hospitals) at my request, or at the request of such facilities where I am seeking services for my pet.*
Owner/Agent Initials

Signature: _____

Date: _____