

## WELCOME TO OCEAN ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

### Client Information:

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work# \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If we have your E-Mail address on file you will have access to the Patient Login at our website [www.oceananimalhospital.com](http://www.oceananimalhospital.com). This site allows you access to your pet's information, including vaccination/wellness history and medical information as well as other valuable tools. E-mails are sent to remind you of your pet's annual exam and vaccinations and when you have a scheduled appointment.

E-Mail Address: \_\_\_\_\_

Please circle if you are any of the following: **Military**   **Fire**   **Police**   **Senior Citizen**

Is there someone other than yourself that we can contact in case of emergency?  
\_\_\_\_\_ Phone# \_\_\_\_\_

Is there someone besides yourself that can authorize treatment for your pet?  
\_\_\_\_\_ Phone# \_\_\_\_\_

### How did you hear about us?

Phone book <input type="checkbox"/>	Drove by <input type="checkbox"/>	Postcard <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Internet <input type="checkbox"/>
Personal Referral <input type="checkbox"/> Whom may we thank? _____				

### Patient Information:

Patient Name: \_\_\_\_\_ Species: Canine  Feline   
DOB: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: **M** Neutered **F** Spayed  
Breed: \_\_\_\_\_ Microchip/Tattoo: \_\_\_\_\_

Medical History \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: Canine  Feline   
DOB: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: **M** Neutered **F** Spayed  
Breed: \_\_\_\_\_ Microchip/Tattoo: \_\_\_\_\_

Medical History \_\_\_\_\_

**More information on reverse side.**

To help prevent the spread of parasites and infectious diseases, hospitalized animals must be current on all vaccinations and free of internal and external parasites. Vaccinations and parasite control will be administered at the discretion of the veterinarian. Any charges that are incurred by said treatments are the responsibility of the owner.

***DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATIONS.***

***Vaccinations can be updated at the time of your appointment if not current.***

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to treat or perform surgery upon the pet(s) listed and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay all collection agency or attorney fees in the event that my account becomes delinquent. I understand that a service fee of \$35.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent.

**I have read this statement fully and my signature is acceptance to these terms and constitutes an agreement.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Payment Policies:***

*All fees are due at the time services are rendered. If you have any questions about projected costs, please let us know. **We will be happy to provide you with an estimate.***

**VISIT OUR WEBSITE: [WWW.OCEANANIMALHOSPITAL.COM](http://WWW.OCEANANIMALHOSPITAL.COM)**

**WHERE YOU WILL FIND OUR ON-LINE PHARMACY AND PATIENT PORTAL!**

