



Welcome to Oyster River Veterinary Hospital!

RESPONSIBLE PARTY INFORMATION:

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ WORK: \_\_\_\_\_ EXT: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (please know that addresses are NOT given to other parties but are to communicate directly with you about your pet's results, follow ups and reminders).

YOUR PROFESSION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR HOSPITAL?: \_\_\_\_\_

PATIENT(S) INFORMATION:

NAME OF PET: \_\_\_\_\_ SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: M NM F SF COLOR: \_\_\_\_\_ MICROCHIP: Y N

DIET FOR YOUR PET: \_\_\_\_\_ HOW OFTEN PER DAY? \_\_\_\_\_

NAME OF PET: \_\_\_\_\_ SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: M NM F SF COLOR: \_\_\_\_\_ MICROCHIP: Y N

DIET FOR YOUR PET: \_\_\_\_\_ HOW OFTEN PER DAY? \_\_\_\_\_

NAME OF PET: \_\_\_\_\_ SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: M NM F SF COLOR: \_\_\_\_\_ MICROCHIP: Y N

DIET FOR YOUR PET: \_\_\_\_\_ HOW OFTEN PER DAY? \_\_\_\_\_

OYSTER RIVER VETERINARY HOSPITAL PAYMENT POLICY:

Payment is required in full at time of service. We do accept cash, VISA, Mastercard, Discover, American Express, and personal checks with copy of driver's license and D.O.B.. We also accept Care Credit®.

I the undersigned agree as the financially responsible party, whether he or she signs as the agent or owner, that in consideration of the services to be rendered to the patient, he or she hereby individually obligates himself or herself to pay the account of the hospital in full at the time services are rendered. All returned checks incur a NSF charge of \$35. Should the account be referred to an attorney or collection agency for payment, the undersigned agrees to pay all attorney's fees and collection expenses. All delinquent accounts shall accrue interest at the rate of 1.5% per month (18% APY).

Signature of Owner or Agent \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

THANK YOU!

Date \_\_\_\_\_