



Welcome to Oyster River Veterinary Hospital!

CLIENT INFORMATION

Owner Name: _____ Co-Owner: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Co-Owner Phone: _____ Email: _____

Driver's License Number: _____

Emergency Contact: _____

What social media platforms do you use?

Facebook Twitter Instagram LinkedIn Google+

How did you hear about us?

Family/Friend Website Google/Online Search Drive by Other

If you were referred by a client, please tell us who so we may thank them! _____

PATIENT INFORMATION

Patient Name: _____ Breed: _____

Gender: _____ Color: _____ Date of Birth/Approximate Age: _____

Spayed/neutered **Yes/No/Unsure** Microchip: **Yes/No**

Has your pet been to another veterinarian? **Yes/No** If so, where? _____

Is your pet on any medications Yes/No If so, what type? _____

Do we have your permission to contact this vet for previous records? _____

DIET AND ENVIRONMENT

What food does patient currently eat? _____

Amount & Frequency? _____

Is your pet on any dietary supplements? **Yes/No** If so, what kind and what dosage?

Is your pet primarily indoor or outdoor? _____

Are there any other animals in the household? **Yes/No**?

Do you have your pet groomed or boarded or attend day care outside of your home? **Yes/No** If so, where and how often? _____

Would you like records faxed to facility? **Yes/No**



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Do you travel outside of Rockingham County with your pet? **Yes/No** If so, where?

REVIEW OF SIGNS

Has your pet exhibited any attitude or behavior change? **Yes/No** Please explain.

Has your pet ever had seizures? **Yes/No** Please explain. _____

Any recent appetite changes? **Yes/No** Please explain. _____

Has your pet had changes in urination? **Yes/No** Please explain. _____

Any recent weight changes? **Yes/No** Please explain. _____

Has your pet been vomiting? **Yes/No** Please explain. _____

Has your pet had any diarrhea? **Yes/No** Please explain. _____

Has your pet been coughing? **Yes/No** Please explain. _____

Has your pet been sneezing? **Yes/No** Please explain. _____

Has your pet exhibited any signs of lameness? **Yes/No** Please explain. _____

Does your pet have difficulty rising after lying down? **Yes/No** Please explain. _____

Does your pet have any discharge from nose, eyes, vulva, etc.? **Yes/No** Please explain. _____

PAST HISTORY

Has your pet had any prior illnesses, accidents, or surgeries? **Yes/No** Please explain.

Is your pet aggressive or fearful around strangers? **Yes/No** Please explain.

Is your pet on heartworm, flea/tick preventatives, or any other medication? **Yes/No** Please explain.

Does your pet have any known allergies to any medications? **Yes/No** If yes, please list:

Has your pet ever had a reaction to any vaccines? **Yes/No** If yes, please list and explain:



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OFFICE POLICIES

To allow for ample time for all patients and surgical procedures, Oyster River Veterinary Hospital operates primarily by appointment. We also are available to see Walk-Ins and Emergencies; however, these services may be subject to a higher fee schedule. As such, we request all our clients be on time for scheduled appointments and procedures.

For your protection, and that of others, pets should be properly restrained by a leash or carrier upon arrival.

If you must cancel an appointment we ask for 24-hour notice. For surgical appointments we ask for 48-hour cancellation notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

We do accept cash, VISA, Mastercard, Discover, American Express, and personal checks with copy of driver's license and D.O.B.. **We do not accept checks for new clients**. Once a relationship has formed we will accept checks with a license number. 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).

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal.

I understand that payment is ALWAYS DUE IN FULL at time of service. I recognize that financial concerns should be discussed PRIOR to exam and treatment.

Owner Signature: _____ Date: _____

We love social media! Do we have your permission to share your pet's image and story on our social media, website, and other forms of related media? Your name and personal information will never be shared.

Yes/No