

Welcome to Oyster River Veterinary Hospital!

CLIENT INFORMATION

Owner Name:		Co-O	wner:	
Physical Address:		City:		<u>Z</u> ip:
Mailing Address:		City:		Zip:
Primary Phone:		Secondar	y Phone:	
Co-Owner Phone:	En	nail:		
Driver's License Number:		_		
Emergency Contact:				
What social media platforms do you Facebook □ Twitter □ Instagram □ l		ogle+		
How did you hear about us?				
☐ Family/Friend ☐ Website ☐ Google	e/Online Searc	ch □ Drive by	□ Other	
If you were referred by a client, plea	se tell us who	so we may t	nank them!	
PATIENT INFORMATION				
Patient Name:	Br	eed:		
Gender:Color:	Date	of Birth/Appi	oximate Age:	
Spayed/neutered Yes/No/Unsure N	/licrochip: Yes/N	o		
Has your pet been to another vetering	narian? Yes/N	o If so, wher	e?	
Is your pet on any medications Yes/I	No If so, what	type?		
Do we have your permission to conta	act this vet for	previous rec	ords?	
OTHER PETS IN THE HOUSEHOLD:				
Name:	Gender	Age	Dog or Cat	
Spayed/neutered? Yes No Unsure				
Name:	Gender	Age	Dog or Cat	
Spayed/neutered? Yes No Unsure				
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Spayed/neutered? Yes No Unsure				
Name:	Gender	Age	Dog or Cat	
Spayed/neutered? Yes No Unsure				



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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 howoften?
Would you like records faxed to facility? Yes/No
Do you travel outside of Rockingham County with your pet? Yes/No If so, where?
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. 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, Care Credit and personal checks with copy of your driver's license. **We do not accept checks from new clients**.

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, and 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:	
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