



JOHN HOWLAND, D.V.M.

Client#: _____

Date: ____/____/____

Time: _____ am/pm

* We thank you for giving us the opportunity to care for your pet *

Client's Name: _____

Spouse/Other: _____

Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Home: (____) _____ - _____

Cell: (____) _____ - _____

Work: (____) _____ - _____

Emerg: (____) _____ - _____

E-mail: _____

Social Security #: _____

Driver's License #: _____

How did you hear of our hospital?

Individual (someone we can thank?): _____

Sign/Location___ Website___ Facebook___

Humane Org/Shelter___ Angie's List___

Business Card___ Phonebook___ Other___

Pet's Name: _____

Species: *Canine* *Feline* *Other*: _____

Sex: _____ *Intact* *Altered*

Breed: _____

Color: _____

Age: _____ Birthday (if known): ____/____/____

Weight: _____ lbs

Known Allergies: _____

Prior Medical Conditions: _____

Prior Surgeries: _____

Financial Policy

PAYMENT IS DUE AS SERVICES ARE RENDERED

Prompt payment allows us to control costs. This in turn, enables us to offer our clients and their pets the best care at affordable pricing. For hospitalized cases, a deposit is required in advance. For all hospitalized Parvo cases, an advanced deposit of \$350 is required before being admitted into the hospital. All remaining balances will be due upon discharge from the hospital. You may pay by cash, personal check or accepted credit cards.

In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory.

All returned checks will incur a charge of \$25.00. Outstanding balances over 30 days may be referred to collections.

Signing below, states that you have read and completely understand, the terms of White Oak Veterinary Hospital's financial policy. If you feel that the above terms can not be met, please inform our staff so we can try to provide services within your financial boundaries.

X _____

PLEASE SIGN

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites

<u>Vaccinations</u>	<u>Current?</u>
DHPP (distemper-dog)	YES NO
Parvovirus	YES NO
FVRCP (infectious diseases-cat)	YES NO
Rabies	YES NO
Feline Leukemia Test	YES NO
Bordetella	YES NO
Heartworm Test	YES NO
Heartworm Preventative	YES NO
Fecal Exam (worms-cat/dog)	YES NO
Dentistry	YES NO
Other Vaccines:	_____