

New Patient Information Form

Welcome to Oakridge Animal Clinic. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pets stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Spouse's Cell Phone _____

Work Phone _____ **Email Address** _____

Place of Employment _____ Spouse's Place of Employment _____

Best time to reach you during the day _____ Drivers License # _____

How did you choose our practice? Drive by - Internet (please circle) (Yelp, Website, LocalVets.com, Google, other) - Rescue (Montgomery County Animal Shelter, Golden Retriever Acres Senior Sanctuary, other) - Location or

Personal Recommendation (whom may we thank?) _____

Pet Information	Pet #1		Pet#2		Pet#3	
Name						
Breed						
Date Of Birth						
Color						
Sex (circle)	Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Last Heartworm Prevention?						
Previous Veterinarian Information:						
Hospital Name and Phone						

Any previous illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Finance charges will be assessed to overdue balances.

Signature of Owner or Agent

Date of Service