

Lone Oak Animal Clinic

Thank you for giving us the opportunity to care for your pet(s).

So that we may become better acquainted, please complete the following and provide your driver's license:

CLIENT INFORMATION

Today's Date _____

Owner's Name _____ Spouse/Co-Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse/Co-Owner's Phone _____

May we text you: Yes No Ph# _____

Place Of Employment _____ Email Address _____

ALL FEES ARE DUE AT THE TIME THE SERVICES ARE RENDERED

Please indicate choice of payment. Cash / Check Visa MasterCard Discover Care Credit

How did you become aware of our clinic? Drove by__ Internet Search__ Web Site__ Another Client__ Other _____

Personal Recommendation (Whom may we thank?) _____

Patient Information	PET # 1	PET # 2	PET # 3
NAME			
IF DOG LIST BREED			
IF CAT LIST SHORT OR LONG HAIR			
DATE OF BIRTH or Approx. Age			
COLOR			
SEX : M/F SPAYED OR NEUTERED?			
DATE OF LAST VACCINES:			
PLACE OF LAST VACCINES:			
Any allergies to vaccinations or medications?	Yes / No	Yes / No	Yes / No
Is your pet on any special diets or medications?	Yes / No	Yes / No	Yes / No
Any previous serious illnesses or surgeries?	Yes / No	Yes / No	Yes / No

Do you give us permission to call other clinics to obtain your pet(s) medical records? Yes No

Our pet(s) is: ☐ Member of our family ☐ Child's pet ☐ Backyard pet

****Please be aware that we are not staffed 24 hours a day. If you wish to have 24-hour care, we are happy to refer to you to a facility with 24 hour care.****

Signature: _____