

CLIENT AND PATIENT INFORMATION

Owner of Pet: _____ Spouse: _____ Date: _____

Address: _____
(Street) (Apt #/PO Box) (City) (State) (Zip)

Primary Phone: _____ Spouse's Phone: _____

E-Mail Address: _____

1. Pet's name _____ Date of Birth _____ Breed /Color _____
Gender: Male Female Neutered Male Spayed Female

2. Pet's name _____ Date of Birth _____ Breed /Color _____
Gender: Male Female Neutered Male Spayed Female

3. Pet's name _____ Date of Birth _____ Breed /Color _____
Gender: Male Female Neutered Male Spayed Female

Do you have insurance for your pets? If so, who is your provider? _____
May we have permission to take pictures of your pet and post them to our social media? ___ Yes ___ No

****Our doctors and staff strive to provide the best care possible for your pet. Medical emergencies do sometimes occur even with completely healthy pets. Should an emergency occur, and we are unable to reach you or your emergency contact, please elect your wishes regarding emergency stabilization. Emergencies can be costly due to extensive treatments and medications. Please understand that emergency stabilization can involve fees in excess of \$200****

PLEASE INITIAL ONE TO AUTHORIZE TREATMENT IN CASE OF AN EMERGENCY!

- Basic stabilization only _____ (Until you are able to be contacted)
- Any amount of treatment necessary _____ (see note above)

If you and your spouse are unavailable, who else may we contact regarding your pets emergency medical treatment?

***** PAYMENT IS DUE AT THE TIME OF SERVICES RENDERED*****

For your convenience we accept cash, checks (\$30 RETURNED CHECK FEE), all major credit cards and Care Credit®
Driver's License number is required for check writing privileges (DL# _____)

***By signing below, I understand that I am responsible for charges incurred for animal medical services and that payment of the entire balance is due upon release of the pet. If for any reason my method of payment is declined, (check returned, credit card charges denied, etc.), I understand that I am responsible for any applicable fees, charges, and collection expenses incurred by Oceanside Veterinary Clinic, P.A.

Signature: _____ Date: _____

To join our Pet Perks Reward Program, please download our app- PETDESK!