

SANFORD OAKS ANIMAL CLINIC

Please fill out the following information so that we may create a chart for you and your pet(s). Once the information is entered into our computer this sheet is shredded to protect your privacy.

PLEASE PRINT

DATE: / /		Mr/Mrs/Ms:	Last Name:	First Name:	SR, JR, III :
Mailing Address:					
City:		State:		Zip:	County:
Street Address: <small>(if different from mailing address)</small>					
Phone Numbers:		HOME:	WORK:	CELL:	
Fax Number:		Email Address:			
Driver's License:					
State:		Number:		Expiration Date:	
Name of Employer:					
Referred To Us By: (Phone Book, Drive by, Friend, Etc.)					
Spouse/Partner's Name:		Phone Number:		Email Address:	
LIST ALL PETS YOU CURRENTLY OWN					
Pet's Name:			Dog / Cat / Bird / Rabbit / Other		
Breed:		Male or Female:		Color:	
Date of Birth: (MONTH / DAY / YEAR)		If birthdate unknown – approximate age:		Spayed / Neutered:	
		___ WKS ___ MOS ___ YRS		YES or NO	
Pet's Name:			Dog / Cat / Bird / Rabbit / Other		
Breed:		Male or Female:		Color:	
Date of Birth: (MONTH / DAY / YEAR)		If birthdate unknown – approximate age:		Spayed / Neutered:	
		___ WKS ___ MOS ___ YRS		YES or N	

Our policy is payment due at time of service. We accept cash, checks, Mastercard, Visa, Discover, American Express, and we offer Care Credit Financing.

Release Form: I hereby consent and authorize the veterinarians/authorized agents at Sanford Oaks Animal Clinic to receive, prescribe for, treat and/or operate on my pets. I also agree to pay at the time of services and am aware that any unpaid debts can be turned into a collection agency and which will be subject to their fees. I have read the foregoing and agree.

_____ / /