



New Client Information Form

Welcome to Oxford Veterinary Hospital. Our mission is to provide our clients and their pets with the very best loving, compassionate veterinary health and wellness care from before hello to beyond goodbye. So that we may provide you with exceptional service, please share information about you and your pet(s).

Client Information – Please complete all information below.

First and Last Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone numbers (circle primary one) - Home: _____ Cell: _____ Work: _____

E-mail address: _____

You will receive email reminders instead of postcards - please let us know if you prefer postcards. Your e-mail is kept strictly confidential. It allows you to access your private Pet Portal through our website and allows us to e-mail your pet's reminders and newsletters to you.

Spouse/Partner First and Last Name: _____

Phone numbers - Home (if different): _____ Cell: _____ Work: _____

E-mail address: _____

How did you find out about us?

- Hospital Sign/Location
- Personal Recommendation - Whom may we thank? _____
- Internet / Website - Which one? _____
- Other - Please explain: _____

Pet Information – Additional room is provided on the next page.

Name: _____ Dog Cat Birth date (or approx. age): _____

Breed: _____ Color: _____ Male Female

Spayed/Neutered? Yes No Microchipped? Yes No

Previous Animal Hospital: _____

Name: _____ Dog Cat Birth date (or approx. age): _____

Breed: _____ Color: _____ Male Female

Spayed/Neutered? Yes No Microchipped? Yes No

Previous Animal Hospital: _____

Permission to Use Pet Photographs

From time to time we need to take photographs of your pet(s) for their medical records; however, we also like to show off how adorable they are on our Facebook page or website.

I grant Oxford Veterinary Hospital, its representatives and employees the right to take photographs of me, my pet(s), and my property (in connection with the photographs). I authorize Oxford Veterinary Hospital, its assigns and transferees to copyright, use and publish in print and/or electronically said photographs and agree that such photographs may be used for any lawful purposes, including use for publicity, illustration, advertising, and web content.

I **CONSENT** to have photographs taken _____ (Initial)

I **DECLINE** _____ (Initial)

Payment is due at the time services are provided. Deposits may be required for pets admitted to the hospital. For your convenience we accept cash, check, MasterCard, Visa, Discover, American Express, and CareCredit.

I certify that the above information is correct and that I will be financially responsible for all balances.

Signature

Date

Thank you for choosing Oxford Veterinary Hospital to care for your pet!

Please enter information for additional pets below.

Name: _____ Dog Cat Birth date (or approx. age): _____
Breed: _____ Color: _____ Male Female
Spayed/Neutered? Yes No Microchipped? Yes No
Previous Animal Hospital: _____

Name: _____ Dog Cat Birth date (or approx. age): _____
Breed: _____ Color: _____ Male Female
Spayed/Neutered? Yes No Microchipped? Yes No
Previous Animal Hospital: _____

Name: _____ Dog Cat Birth date (or approx. age): _____
Breed: _____ Color: _____ Male Female
Spayed/Neutered? Yes No Microchipped? Yes No
Previous Animal Hospital: _____

Name: _____ Dog Cat Birth date (or approx. age): _____
Breed: _____ Color: _____ Male Female
Spayed/Neutered? Yes No Microchipped? Yes No
Previous Animal Hospital: _____

Name: _____ Dog Cat Birth date (or approx. age): _____
Breed: _____ Color: _____ Male Female
Spayed/Neutered? Yes No Microchipped? Yes No
Previous Animal Hospital: _____

Name: _____ Dog Cat Birth date (or approx. age): _____
Breed: _____ Color: _____ Male Female
Spayed/Neutered? Yes No Microchipped? Yes No
Previous Animal Hospital: _____