

Oden Veterinary Hospital

Welcome to our hospital! How did you hear about us?

Google Pound Shelter/Rescue Website Other: _____

Family/friend (who may we thank?): _____.

Owner: _____ Date: _____.

Co-Owner/Spouse (if applicable) : _____.

the person listed here will have access to patient records

Address: _____ Primary Phone: _____.

City/State: _____ Zip: _____ Cell Phone: _____.

Email: _____ Other / Spouse Phone: _____.

Please circle one

Please Provide: Driver's License Number: _____.

I verify that I am over the age of 18 (Please initial) _____.

Pet Health History

Pet's Name: _____ Your pet is a cat/ dog/ other (please circle): _____.

Please circle one: Male / Female

Is your pet spayed/neutered? Circle one: Yes / No

Date of birth: _____ OR Estimated age if birth unknown: _____.

Breed: _____ Color: _____.

Does your pet have a microchip? Yes / No If yes, please provide microchip number if known _____.

Do you have your pet's vaccine history with you today? Yes / No

If no, what is your previous veterinary clinic so we can request that information: _____.

Authorization

I hereby authorize the veterinarians of Oden Veterinary Hospital to examine and prescribe treatment for my pet. **I understand that on request, every effort will be made to provide me with a detailed estimate of charges.** Veterinary services deemed an emergency procedure during hospitalization would be at the discretion of the doctor on duty at that time. I assume responsibility for all charges incurred in the care for my pet. I understand **payment is due at the time of services**, and a deposit may be required for hospitalization/surgical treatment.

Methods of Payment

Cash, Visa, Mastercard, Discover, Debit, Care Credit, Checks with a drivers license number on file will be accepted.

Signature of Owner: _____ Date: _____.