

Welcome to Oak Park Animal Hospital



Phone: 708-383-5542

Email: contact@oakparkanimalhospital.com

You and your pet's information will be held confidential. Please complete and answer all questions.

OWNER INFORMATION:

Are you the owner who is responsible for all financial, decisions and needs for you pets? Yes__No__

If No, what is the name of your pets owner? _____

The pet owner who is responsible has to complete this registration (18 years or older).

Owners full name: _____ Co/owners full name: _____

Home address: _____

City: _____ State: _____ Zip: _____ Email: _____

Own: ___ Rent: _____

How long have you lived at this current address? _____

Cell Number: _____ Home number: _____ Work number: _____

Employer name: _____ Unemployed? Yes ___ No ___ Retired? Yes ___ No ___

Are you a senior citizen? Yes ___ No ___

PET INFORMATION: (please list all pets, whether or not they have an appointment today.)

Patient 1: Name: _____ Breed: _____

Species: Dog Cat Other _____ Sex: Male Female Unknown Spay/Neutered? Yes No Unknown

Age/Date of birth: _____ Color/Markings: _____

Patient 2: Name: _____ Breed: _____

Species: Dog Cat Other _____ Sex: Male Female Unknown Spay/Neutered? Yes No Unknown

Age/Date of birth: _____ Color/Markings: _____

Please list previous veterinary providers:

Name of Hospital: _____ Veterinarian Name: _____

Telephone Number: _____ Address: _____

Date of last visit: _____

What specific service(s) we provide attracted you to our hospital?

Second opinion Location AAHA accredited Boarding Exotic Animals Hours

Did someone refer you to our hospital? If so, both you and your friend will receive \$10.00 gift certificate for future services.

Referral Name: _____ Telephone #: _____

Do we have consent to post cute/informational/educational photos of your pets on our **social media** in a positive manner?

Yes No Initial: _____

PAYMENTS AND PAYMENT POLICY:

****First time clients will be required to pay for the examination before any services can be rendered. No checks are allowed for first time clients.****

Payment in full are expected when service is rendered. Some procedures and services require full payment in advance or deposit. We provide many payment options for your convenience. We do not accept check payments on the first visit. Future payments by checks are verified by telecheck. A \$49.00 NSF fee will be applied for any returned checks.

We accept CARE CREDIT: Six months no interest credit card based on approval. You can call or register online. 800-859-9975 or www.carecredit.com.

Treatment Plans: We can provide you with a written estimate in advance and you can decide what level of care you want for your pets. (Please ask for a treatment plan BEFORE service is provided.)

Hospital Tour: If you would like a tour of the hospital please let us know.

Owner Name (print):