

Oak Glen Animal Hospital

33523 Oak Glen Rd

Yucaipa CA 92399

New Client Form

Client Information

Name: _____ Spouse/Partner: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Emergency Contact: _____ Number: _____ Relationship _____

HOW DID YOU HEAR ABOUT US?? --- Please Circle ONE

Friend Referral

Driving By

Online

Newspaper Ad

Patient's Information

Name: _____ Species: Dog / Cat /Other _____ (Circle one)

Breed: _____ Sex: _____ Color: _____

Age or Birthdate: _____ Spayed or Neutered (Circle one) Uncertain _____

Microchip: _____ Allergies: _____

Known Medical Conditions: _____

Previous Primary Care Provider: _____

I am at least 18 years old and hereby authorize Oak Glen Animal Hospital to examine, prescribe for and/or treat the above described animal (PET). I, as owner or acting on behalf of the owner, assume responsibility for all charges incurred in the care of this PET. I understand a deposit is required for surgical, diagnostics and/or emergency treatment and that all final charges are due in full at the time of release. I understand that no guarantee can be made as to the results obtained from medical treatment. Veterinary care during nighttime hours is provided at the discretion of the veterinarian in charge. Continuous presence of personnel may not be provided during that time.

Signature: _____ Date: _____

***State law requires client's Date of Birth to dispense any controlled medication(s): _____**

***Do we have permission to photograph your pet for our social media pages? YES or NO (circle one)**