



Oakhurst Veterinary Hospital
40717 Winding Way
Oakhurst, California 93644
559-683-2135

CLIENT REGISTRATION FORM

Last Name _____ First _____

Date of Birth: _____ Driver's License #: _____

For DEA Controlled Substances Use Only

Spouse Last Name _____ First _____

Date of Birth: _____ Driver's License #: _____

For DEA Controlled Substances Use Only

Phone: _____

Other Phone: _____

Mailing Address : _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Email Address _____

May we email you? Y/N

**Your Email address will not be sold to any other parties connected to Oakhurst Veterinary Hospital.

How did you hear about us? _____

May we use your pets photo on Facebook? _____

PROFESSIONAL FEES ARE DUE WHEN SERVICES ARE RENDERED

Financial Responsibility Agreement Terms: *All fees are due when services are rendered.* You may request a *medical plan estimate* at any time for all services being provided at each visit. Any charges incurred for the pet(s) on this account are the signing party's responsibility. Any outstanding balances will be subject to late fees after 30 days. Checks returned for non-sufficient funds are subject to a returned check fee of \$29.50. A \$25.00 cancellation fee will be applied for any surgical procedure that is cancelled or rescheduled with out 7 days or more notice.

If you have any questions, please feel free to ask a member of our staff.

Signature: _____ Date: _____