



Oakhurst Veterinary Hospital  
40799 Highway 41  
Oakhurst, California 93644  
559-683-2135

## CLIENT REGISTRATION FORM

- **THIS IS NOT PET INFORMATION,  
ONLY OWNER'S INFORMATION.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_