

White Oak Animal Hospital Registration Form

Date _____
Owner's Name _____ Spouse/Other _____
Social Security Number _____
E-mail address _____
Street Address _____
Physical Address if above is P.O. Box _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Employer's Name _____ Work Phone _____
Spouse's Employer's Name _____ Work Phone _____
In case of an EMERGENCY, please call _____ at number _____

Pet's Name: 1.) _____ Sex: Male Female Neutered or Spayed
2.) _____ Sex: Male Female Neutered or Spayed
3.) _____ Sex: Male Female Neutered or Spayed
Breed: 1.) _____ Color: 1.) _____ Age: 1.) _____
2.) _____ 2.) _____ 2.) _____
3.) _____ 3.) _____ 3.) _____

How did you hear of us?
Yellow Pages Driving By Individual _____ Other _____

Are there any **personal** issues you would like us to be aware of?
(i.e. allergies, claustrophobia, fear of animals) _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required before treatment.

Owner or Responsible Party _____

If this account becomes delinquent, I hereby agree to pay 33 1/3 % attorney fees and all other costs to collect this debt.

Owner or Responsible Party _____

If you would like to leave a credit card number on file for any future transactions, please fill out the following information: *(This is not required and will be kept confidential)*

Visa Master Card American Express Discover
Credit Card # _____ Exp. Date _____
Name as it appears on the card _____

**White Oak Animal Hospital
10 Walsh Lane
Fredericksburg, VA. 22405
540-374-0462**

White Oak Animal Hospital Hours

Monday, Wednesday, and Friday: 7:00 am – 6:30 pm

Tuesday and Thursday: 7:00 am – 8:00 pm

Saturday: 8:00 am – 1:00 pm

I am aware that the hospital is not continuously staffed overnight. Arrangements can be made to transfer patients to an overnight facility when necessary.

Owner or Agents Signature _____

Date _____

White Oak Animal Hospital
10 Walsh Lane
Fredericksburg, Va. 22405
540-374-0462 / fax 540-374-1798
Email woahvets@hotmail.com

Playtime & Training Participation Requirements

Welcome to White Oak Animal Hospital's playtime and training program. In order to participate in our program your dog must meet the following health requirements.

****Please take this form to your veterinarian to complete prior to participation.****

Date _____

Pet's Name _____

Owner's Name _____

Vaccines

DATE GIVEN

_____ DHLPP (Dist/Hep/Lepto/Parainfluenza/Parvo) (1 year or 3 year – **circle one**)

_____ Bordetella

_____ Canine Flu ***Bivalent***

_____ Rabies (1 year or 3 year – **circle one**)

Parasite Testing

DATE PERFORMED

_____ FECAL exam with **Giardia**, RESULTS: _____

Veterinarian signature _____ Date _____

Veterinarian's address and contact information: _____

OWNER PLEASE INITIAL

_____ Negative fecal results required for participation.

_____ Monthly heartworm and intestinal parasite control highly recommended. Preventions that cover whipworms, hookworms, and roundworms are ideal.

_____ Flea and tick control highly recommended. Products that cover adult fleas, immature fleas, and flea eggs, as well as ticks, are ideal.

Owner Signature: _____ Date _____

WHITE OAK ANIMAL HOSPITAL DOG PLAYTIME/ TRAINING PARTICIPATION GUIDELINES

PLEASE INITIAL:

_____ - Is your dog spayed or neutered? **YES or NO?**

Intact pet guidelines: FEMALES: - All females must be spayed by 7 months of age

- NO IN HEAT FEMALES ALLOWED IN PLAYTIME

MALES: - Male dogs under 50# must be neutered by 7 months of age

- Male dogs over 50# must be neutered by 12 months of age

_____ - All puppies must receive a Rabies vaccine by 16 weeks of age in order to continue participating in dog training. We require a current DHLPP, Bordetella, and Bivalent FLU vaccine to participate in any training services. A negative fecal to include giardia required for participation in group training services.

_____ - Any dog involved in an altercation with another dog may be asked to discontinue their participation in training. This decision will be made on a case-by-case basis and is at the sole discretion of White Oak Animal Hospital and its representatives.

_____ - Please make us aware of any signs of illness that you dog may have prior to **EACH** training session (i.e. coughing, diarrhea, etc).

_____ - White Oak Animal Hospital may use my dog's picture on their website or any social media site affiliated with White Oak Animal Hospital.

_____ - Seasonally, pools and water fun are provided for our playtime pups. Your pet may go home wet and happy!

NO SHOW POLICY:

_____ - Please contact us **24 hours in advance** to cancel a scheduled playtime/ training session. Our space is limited and we would like the opportunity to offer your space to another playful pup.

* If we have two documented "no show" appointments on your account, we will ask for prepayment on any future playtime/ training sessions. All future no show charges will be applied to your account at a rate of \$20.00. *

PLAYTIME/ TRAINING RISKS:

_____ - I acknowledge and agree that my dog's participation in Dog Playtime and other training services involves some risks. I knowingly assume all risks thereto.

Examples of risks: - Acquiring kennel cough or canine influenza

- Injury

- Infection

- Parasites (internal and external)

I do herewith disclaim and indemnify and hold harmless the officers, directors, and employees of White Oak Animal Hospital from any and all loss, damage, and expense caused by reason of participation in Dog Playtime and training services.

_____ - I am aware that I am financially responsible for all fees associated with these risks.