

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. _____
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 these charges will be paid at the time of release and that a deposit may be required before treatment.

Owner or responsibly 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 responsibly party:** _____

***This must be signed in order to pay by check**

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 _____