

White Oak Animal Hospital Registration Form

Date _____
 Owner's Name _____ Spouse/Other _____
 *E-mail address _____ *Cell Phone _____
 (*Required for yearly reminders and appointment confirmations.*)
 Street Address _____
 Physical Address if above is P.O. Box _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Spouse/Other Cell Phone _____
 Employer's Name _____ Work Phone _____
 Spouse's Employer's Name _____ Work Phone _____
 In case of an EMERGENCY, please call _____ at number _____

Please list all pets in your household:

| <i>Is This Pet Here Today?</i> | <i>Pet Name</i> | <i>Sex</i> | <i>Spayed/Neutered</i> | <i>Breed</i> | <i>Color</i> | <i>Date of Birth</i> |
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How did you hear of us?
 Yellow Pages Driving By Individual _____ Other _____

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 _____

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

White Oak Animal Hospital Hours

Monday - Friday: 7:00 am – 6:30 pm

Saturday: 8:00 am – 12:00 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 _____