oakland hills
veterinary hospital

# New Client and Patient Form

## Owner Information

**Name:** _____

**Email Address:** _____

**Spouse/Roommate Name:** _____

**Address:** _____
number / street city state zip code

**Drivers license number:** _____

**Phone: (Best number to reach you)** _____ **Cell Home Work**
(circle one)

**Phone: (Other numbers)** _____ _____
name / number name / number

## Pet #1 Information

**Name:** _____

**Email Address:** _____

**Species: Dog Cat Other:** _____

**Breed:** _____ **Color:** _____

**Birth date:** _____ **Sex: Male Female**

**Neutered? Yes / No**

## Pet #2 Information

**Name:** _____

**Email Address:** _____

**Species: Dog Cat Other:** _____

**Breed:** _____ **Color:** _____

**Birth date:** _____ **Sex: Male Female**

**Neutered? Yes / No**

## Please Select and Sign

☐ **I grant Oakland Hills Veterinary Hospital and its employees permission to take photos of my pet for identification purposes ONLY.**

☐ **I grant Oakland Hills Veterinary Hospital and its employees permission to use my pet's photo on Oakland Hills Veterinary Hospital social Media. (Facebook, Instagram, etc.)**

☐ **I grant Oakland Hill Veterinary Hospital permission to release my pet's records to boarding facilities and referral Veterinary practitioners.**

_____
**sign and date**

## How did you find out about our hospital?

_____ **Sign/location** _____ **Internet** _____ **Advertisement** **Other:** _____

## Did someone recommend us? We'd like to thank them! _____