Oakbrook Veterinary Clinic
NEW CLIENT/PATIENT FORM

Client Information:

Pet Owner's Name: ____

Address: ______________________________ City: _______________ State: ______ Zip: ________

Home Phone: ________________ Work Phone: __________________ Cell Phone:___________________

Email address: ____________________________

Spouse or Co-Owner: ________________________________Work Phone:________________________

How did you hear about Oakbrook Veterinary Clinic? ___________________________________

Referred by (We would like to thank them): ____

Indicate type and quantity of other pets in your household:
Dogs_____Cats_____Ferrets_____Rabbits_____Rodents_____Birds_____Reptiles_____Other_____

Patient Information:

Please provide vaccination/medical records, if available

Pet's Name: ______________________ Birth Date (Age): __________Microchip #_____________________

Species:(Dog, Cat etc) _________________ Breed: ______________________ Color: ________________

Sex: female male spayed female neutered male

Medical Conditions (allergies, drug reactions, heart conditions, etc.):
____

Pet's Name: ______________________ Birth Date (Age): __________Microchip #_____________________

Species:(Dog, Cat etc) _________________ Breed: ______________________ Color: ________________

Sex: female male spayed female neutered male

Medical Conditions (allergies, drug reactions, heart conditions, etc.):
____

Pet's Name: ______________________ Birth Date (Age): __________Microchip #_____________________

Species:(Dog, Cat etc) _________________ Breed: ______________________ Color: ________________

Sex: female male spayed female neutered male

Medical Conditions (allergies, drug reactions, heart conditions, etc.):
____

*Payment is due upon completion of services. Accounts overdue greater than 30 days will be charged a service charge amount of 1.5% on the unpaid balance, but not less than $1.00.

Signed ____Date____________________