



Additional Pet Form

WELCOME back to our practice! We're pleased to have your new companion join the Oaks Veterinary Family. In order for our records to be as complete as possible, please provide the following information.

Additional Pet Information

Pet Name: _____ Species: Canine Feline

Breed: _____

Color: _____

Birthdate or Approximate Age: _____ Sex: Female Male

Is your pet spayed/neutered? Yes No Unsure

Does your pet have a microchip? Yes No Unsure

Does your pet have any allergies to foods or medications? _____

Any surgeries, illnesses or severe injuries in the past? _____

Name of previous veterinary hospital/adoption agency: _____

City/State: _____ Phone Number: _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

For your convenience, we accept cash, check, Visa, Mastercard, Discover, American Express or Care Credit. Please note that we can only accept Florida checks with a copy of the account holder's valid Florida driver's license.

Our staff is happy to prepare a written estimate for any services if you wish - JUST ASK US!

With your signature below, you authorize Oaks Veterinary Hospital to take pictures of your pet in connection with our facility and use such photographs for in hospital and marketing purposes, including but not limited to websites, social media, pamphlets, slide shows and teaching cases. Please speak with a receptionist if you do not wish to authorize photographs or their use.

Signature _____

Date _____