Oakdale Veterinary Group

Stanislaus Counties Premier Veterinary Hospital
20 S. Stearns Road, Oakdale, CA 95361
Phone: (209) 847 2257 Fax: (209) 847 6018
www.oakdaleveterinarygroup.com

Client / Owner Information - You must be 18 years of age or older to complete this form.

Last Name _____ First Name _____

Spouse/Co-owner (s) _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Work Phone #_____E-Mail _____

Drivers License No._____

Pharmacy Preference _____ Pharmacy Phone_____

***How did you hear about us*?** Internet Search ☐ Friend/Relative ☐ Other, please specify: _____

Pets Name:	DHLPP (5-way). *Date last given:*
Species : Dog / Cat / Rabbit /_____	Bordetella (Kennel Cough). *Date last given:*
Breed:	Rabies Vaccine. *Date last given:*
Color:	Rattle Snake Vaccine. *Date last given:*
Birthday/Age:	Flea Control. (*Product):*
Gender: Male / Female	Intestinal Worming. (*Product):*
Spayed/Neutered: Yes / No	Heart Worm. (*Product):*
Microchip Number:	Food/Diet: *(brand)*:

I authorize the release of my phone number, name and/or vaccine information to the Humane Society, County Officials or individuals that have identified my animal by a rabies vaccine tag & wish to contact me to return my pet.

Agree (initial here) _____ Disagree (initial here) _____

In the event that your pet requires hospitalization, Oakdale Veterinary Group veterinarians are not on premises between the hours of 6pm and 8am. Late night checks by a technician or a veterinarian can be arranged by prior discussion with your veterinarian. If your hospitalized pet requires emergency veterinary care between the hours of 6pm and 8am, the on-call veterinarian will be called in. The option of being referred to a facility that has a veterinarian on site 24 hours a day is always available.

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. 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 service and that a deposit may be required for treatment. I also understand that in the event that my pet requires hospitalization, a veterinarian will not be on premises between the hours of 6pm and 8am and a referral to a facility that has a veterinarian on site 24 hours a day may be offered to me.

_____ _____

Client/Owner signature **Date**

ALL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED.

A **deposit is required** for hospitalization or emergency procedures.

We accept cash, Visa, Mastercard, Discover, Care Credit and checks with *proper identification and Telecheck approval*.
We **DO NOT** accept counter or post-dated checks. There will be a **$35.00** administration fee for all returned checks.
We require a valid driver's license/ identification card and phone number each time we accept a check.