

OAKLAWN ANIMAL HOSPITAL
655 OAKLAWN AVENUE
CRANSTON, RI 02920
401-943-0500

CLIENT REGISTRATION FORM

Date: _____

Owner's Name _____ Spouse/Other _____

Children Name(s) & Age(s) _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email: _____

Employer's Name & Address _____

Spouse/Other's Employer & Address _____

At what number _____ and at what time _____ is best to call about your pet?

In case of EMERGENCY, please call _____ at telephone number _____

Pet's Name _____ Date of Birth _____

Species: () Dog () Cat () Other _____ Sex: () Male () Neutered () Unneutered

Breed _____ () Female () Spayed () Unspayed

Color _____

Reason for Visit? _____

Previous Veterinarian(s) where past medical records can be obtained if necessary:

Has your pet been treated for any illness in the past year? () No () Yes

Specify problem(s), medications & dosage, if known _____

How did you hear of us? () Current/Previous Client Whom may we thank? _____

() Internet/Website () Yellow Pages () Other _____

List name & types of other animals you have at home _____

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 for surgical treatment.

Signature of Owner or Responsible Party _____

Driver's License Number _____ State _____

Form Continues on Back

Oaklawn Animal Hospital
655 Oaklawn Avenue
Cranston, RI 02920
943-0500

Financial Policy

Thank you for choosing Oaklawn Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Oaklawn Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

Cash, Check, Visa, MasterCard, American Express or Discover Card

Convenient Monthly Payment Plans (subject to credit approval) Care Credit

Care Credit allows you to begin treatment today and pay over time.

Available for any treatment amount

Can be used repeatedly – for your entire family-without having to reapply

Additional Policy Information:

Oaklawn Animal Hospital charges \$25.00 for returned checks (subject to change). For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment.

Client/Owner Signature _____ Date _____

Pet Name _____ Breed _____