Oak Ridge Animal Hospital
3308-A Edgefield Road, Greensboro, NC 27409

OWNER INFORMATION SHEET

NAME: Dr./Mr./Mrs./Ms._____
(first) (last)

ADDRESS:_____CITY:_____STATE____ZIP_____

MAILING ADDRESS (if different)_____

HOME PHONE:_____CELL PHONE:_____

PLACE OF BUSINESS:_____BUS. PHONE:_____

SPOUSE: Dr./Mr./Mrs./Ms._____Spouse CELL PHONE:_____
(first) (last if different)

Spouse PLACE OF BUSINESS:_____Spouse BUS. PHONE:_____

PET INFORMATION: (Please use back of form for additional pets.)

NAME OF PET_____DOG_____CAT_____OTHER(SPECIFY)_____

BREED_____COLOR_____

BIRTHDAY_____AGE_____SEX_____SPAY_____NEUTERED_____

Name of previous veterinary clinic (if applicable):_____

Prior medical history or surgeries:_____

Any known drug or vaccine reactions:_____

Diet_____Current Medications_____

Is your dog on heartworm prevention?___Yes___No Type_____Any missed doses and when_____

Is your pet on flea and tick control?____Yes____No Type_____Any missed doses and when_____

Where was your pet obtained? (circle one) Stray Shelter Rescue Newspaper Breeder Pet Store
Other (please specify)_____

My pet is: (circle one) like a child to me a member of the family much loved, but a pet

Where is your pet housed? (circle one) Indoor Outdoor Indoor/Outdoor

---

How did you learn of our practice? (circle one):
Phone Book / Saw Clinic In Passing / NW Observer / Referral / Other:_____
If referral, whom may we thank for recommending our practice?_____

PAYMENT POLICY:

Payment is due at the time of service. We accept cash, checks, VISA and Mastercard.

I, _____, have read and agree to this payment policy.