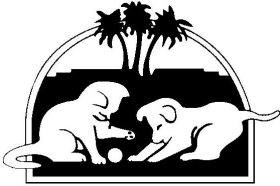


New Patient Registration



Date: _____

Welcome to Oasis Animal Hospital! We are very pleased that you have chosen our clinic and staff to provide the best care possible for your pet. To help us to get acquainted with you, please complete the following:

Owner:

Last Name: _____ First Name: _____
 Address: _____ Apt _____ City _____ State _____ Zip _____
 Primary Phone: _____ Cell Home Work
 Secondary Phone: _____ Cell Home Work
 Email Address: _____

Spouse/Co-owner/Partner:

Last Name: _____ First Name: _____
 Address: _____ Apt _____ City _____ State _____ Zip _____
 Primary Phone: _____ Cell Home Work

In case of an emergency and we are unable to contact you, who should we contact:

Name: _____ Phone Number: _____

YOUR PETS INFORMATION:

	Pet #1	Pet #2	Pet #3	Pet #4
Pet's Name				
Dog / Cat				
Breed				
Color				
Male / Female				
Neutered / Spayed				
DOB or Approx. Age				
Last Vaccinations				
Previous Veterinarians				

Preferred Pharmacy: _____

How did you hear about our hospital?

Walk-In Drove By Internet Other: _____ Individual/Group: _____

Method of Payment: Cash Debit Credit Card Care Credit

I hereby authorize Oasis Animal Hospital to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred related to the care of this animal. I also understand that these charges will be paid at time of release and that a deposit may be required for any hospitalization or surgical procedure. I understand that Oasis Animal Hospital will NOT accept personal checks.

Signature: _____ Date: _____

Opt out: Check this box if you do NOT want you or your pet(s) picture or name displayed on our website, Facebook, Twitter or any other promotional/educational material. We love sharing our patient pictures with other animal lovers!