

Oaklawn Animal Hospital



Cranston Animal Hospital
Client Registration

Owner's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Driver's License Number: _____ **State of issue:** _____

Home Phone _____ Cell Phone _____

Work Phone _____ **Email:** _____

Significant Other: _____ Children(s) Name/Age: _____

Employer's Name & Address: _____

Significant Other's Employer & Address: _____

Pet's Name: _____

Species: Dog Cat Other _____

Breed: _____

Date of Birth: _____

Sex: Male Neutered Unneutered

Female Spayed Unspayed

Color(s): _____

List name & types of other animals in the household:

What is the reason for this visit? _____

What number and time is best to call about your pet? _____

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

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

Specify problem(s)/medications/ dosage

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

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

Internet/Website Yellow Pages Other _____

Social Media Release: I am authorizing Oaklawn/Cranston Animal Hospital to post my pet's picture, story and/or their medical information on the social media platform of their choice. Yes No



Financial Policy

Thank you for choosing Oaklawn/Cranston 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/Cranston Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

- ❖ Cash
- ❖ Check
- ❖ Visa
- ❖ MasterCard
- ❖ American Express
- ❖ Discover Card
- ❖ Convenient Monthly Payment Plans with Care Credit
 - ❖ Care Credit is a credit card that allows you to begin treatment today and pay over time.
 - ❖ Subject to credit approval
 - ❖ Available for any treatment amount
 - ❖ Can be used for your entire family-without having to reapply

Additional Policy Information:

- ❖ Oaklawn/Cranston Animal Hospital charges \$30.00 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.

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: _____