



For Staff Only:

Initial Information Checked

2024

2025

2026

2023 Client Information

Thank you for giving us the opportunity to care for your pet. Our mission is to provide the most advanced and compassionate healthcare available. We pledge to be professional and considerate to our clients, and treat our patients with the same compassion as a member of our family.

Client Information

Primary Account Holder's Full Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from physical): _____

City: _____ State: _____ Zip Code: _____

Place of Employment/ Military Duty Station: _____

Work Phone: _____

Cell Phone: _____ Home Phone: _____

Preferred Contact Number (Circle One): Cell Home Work

Email Address: _____

How did you hear about us? _____

Spouse Full Name: _____

Place of Employment/ Military Duty Station: _____

Cell Phone: _____

Email Address: _____

In event of an emergency who can we contact if you are unavailable?

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____



For Staff Only:

Initial Information Checked

2024

2025

2026

2023 Client Information

Pet Name: _____ Dog: _____ Cat: _____ Other: _____

Breed: _____ Color: _____

Age/DOB: _____ Sex: _____ Spayed/ Neutered: _____

Does your pet have or had any major medical conditions, surgeries, or previous illness/ injury:

Previous Veterinarian: _____ Phone: _____

Pet Name: _____ Dog: _____ Cat: _____ Other: _____

Breed: _____ Color: _____

Age/DOB: _____ Sex: _____ Spayed/ Neutered: _____

Does your pet have or had any major medical conditions, surgeries, or previous illness/ injury:

Previous Veterinarian: _____ Phone: _____

Pet Name: _____ Dog: _____ Cat: _____ Other: _____

Breed: _____ Color: _____

Age/DOB: _____ Sex: _____ Spayed/ Neutered: _____

Does your pet have or had any major medical conditions, surgeries, or previous illness/ injury:

Previous Veterinarian: _____ Phone: _____



For Staff Only:

Initial Information Checked

2024

2025

2026

2023 Client Information

Hospital Policy and Authorization

- ❖ I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest of confidence, and it is my responsibility to inform Laurel Oaks Animal Hospital of any changes to my pet's medical status or my account information.
- ❖ I authorize the veterinarians at Laurel Oaks Animal Hospital to examine, prescribe for, and treat my pets. I assume responsibility for all charges acquired in the care of all my pets.

Payments

- ❖ All charges must be paid for at the time of service or discharge from the hospital. In cases of hospitalization a deposit may be required.
- ❖ We accept Visa, MasterCard, Discover, American Express, Care Credit, Cash, Cashier's Checks and Personal Checks (only after the first visit). NO BILLING IS AVAILABLE.

Appointments/ Emergency Care

- ❖ Appointments are made in advance so that proper time can be allocated for your pet's visit. If you must cancel or reschedule, please give us as much notice as possible.
- ❖ I understand that patients are seen in the following order: Emergencies, Appointments, and Walk-Ins.
- ❖ Since we provide emergency services, we may at times need to see unexpected patients in which may delay your scheduled appointment. Please understand that if it were your pet, the same immediate attention would be given, and we greatly appreciate your understanding and patience.

Boarding/ Grooming

- ❖ Laurel Oaks Animal Hospital will use all reasonable precautions against injury, escape, or death of your pet. The hospital and staff will not be liable for any problems that develop. I understand that if a medical problem is discovered, Laurel Oaks Animal Hospital will call the owner or the person listed as the emergency contact. The veterinarians have permission to take the necessary steps to diagnose and treat in accordance with current medical standards. The owner understands they are responsible for any expenses. In case of an emergency, measures may be taken to stabilize your pet if necessary.

Optional Photography Release

Please circle: Yes No

- ❖ I hereby grant Laurel Oaks Animal Hospital permission to use my likeness and/ or my pet's likeness in photograph(s)/ video(s) in any and all of its publications and all other media, whether now known or hereafter existing. This release relates to photograph(s)/video(s) intended for use in any hospital publication, marketing, or public relations nature, such as newsletters, brochures, websites/blogs/social networking sites, promotional items or other such material. I will make no monetary or other claim against Laurel Oaks Animal Hospital for the use of photograph(s)/Video(s).\
- The above policies have been adopted and you are here notified to avoid any misunderstanding between this hospital and our clients.

By signing below, I verify that I have read, understand and agree to the terms of Laurel Oaks Animal Hospital's Policies.

Signature: _____ Date: _____ 3 of 3 pages