

Alameda Animal Hospital

(405) 360-0045 🐾 Gary Eskew, DVM 🐾 AlamedaAnimal.com

CLIENT INFORMATION

Owner Name _____ Spouse Name _____

Address _____ Apt _____ City _____ Zip _____

Phone _____ Secondary Phone _____ Spouse Phone _____

Email _____ SS # * _____ DL # * _____ DOB * _____

Work/Work # _____ Spouse Work/Work # _____

How did you hear about us? Internet Facebook Drove by Other Referred by: _____

** these are required if you are writing a check or if there will be a future need to script controlled drugs*

PET INFORMATION

Pet's Name _____ Dog Cat Male Female Spayed Neutered

Breed _____ Color/Markings _____ DOB _____ Age _____

Previous Medical Conditions _____

Current Medications, Supplements, or Special Diet _____

Previous Veterinarian (for records) _____

Tell us about your pet (please check all that apply):

- On Heartworm Meds On Flea/Tick Meds Microchipped Current on Vaccines Lethargic Coughing
 Diarrhea Weight Problems Vomiting Lack of Appetite Bad Breath Limp/Lameness Difficulty Eating
 Scratching Hair Loss Shaking Head Drinking More Behavior Problems: _____

SOCIAL MEDIA PERMISSIONS

When promoting our business and pet health, may we share images, videos and/or information about your pet on social media?

- Yes, I give permission for my pet to be on Alameda Animal Hospital's social media sites.
 No, I do not give permission for my pet to be on Alameda Animal Hospital's social media sites.

PAYMENT POLICY

We accept cash, checks, credit cards, and CareCredit. We will gladly prepare you a written estimate of services prior to the treatment of your pet, if desired. We DO NOT offer payment plans.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I further understand that these charges are due at the time services are rendered and that a deposit may be required for certain procedures and/or treatments, and boarding.

Owner Signature

Date