



4 the Animals Veterinary Clinic
500 E 5th St
Bartlesville, OK 74003
(918) 815-9122



Owner Information

Name: _____ Email _____

Street Address: _____ City _____ ZipCode: _____

Phone Numbers: _____ (H) _____ (C) _____ (W)

Alternative Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____



Patient's Information:

Name: _____ Species: _____

Breed: _____ D.O.B _____ Spayed/Neutered Y / N

Please list other Veterinary clinics/hospitals your pet has been to prior to today's appointment:

Does your pet have allergies? If yes, please describe: _____

Is your pet currently taking medication? (please include flea/tick and heartworm prevention)



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Any medical conditions or previous procedures: _____

Are there any hereditary diseases or ailments you are aware of?

Does your pet currently have any issues you would like to address?

Consent for Treatment

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by 4 the Animals Veterinary Clinic and its associated Veterinarians and other personnel.

I take full responsibility for all medical costs and charges associated with treatment and understand that payment is expected at time of service.

Signature

Date

Consent to receive Text Messages

Your pets' health is important to us. In order to provide them with the best possible care, we occasionally send convenient text messages to our clients about their pets' health care and appointment reminders. You will not receive promotional offers. Would you like to receive texts from For the Animals Veterinary Clinic? **Y / N**