

**Oakcrest Veterinary Clinic
5452 Marlboro Pike District Heights,
MD 20747 (301) 420-5240**

Client Registration Form

At Oakcrest Veterinary Clinic we take pride in serving our clients and their family pets. New clients are welcome; we ask that you complete the form below as fully as possible and read and sign the notice on the next page. All clients under 18 years of age must have their parent or legal guardian complete the registration form prior to the consultation and/or treatment of their pet.

***Please Print**

Date: _____ **E-mail Address:** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Referred By: _____

Spouse/ Co-Owner:

Name: _____ **Cell Phone:** _____

***All balances must be paid at the time services are rendered. We accept most forms of payments.**

1. Cash 2. Visa 3. MC 4. AM EX 5. Discover 6. Care Credit 7. Debit

Pet Information

Name: _____ **Sex:** _____ **D.O.B.:** _____ **Breed:** _____ **Color:** _____

Has your pet been Spayed or Neutered? If yes, When? _____

Vaccination History: _____

List any concerns you have about your pet:

Multiple pets? Please list if we are examining today

Name: _____ **Sex:** _____ **D.O.B.:** _____ **Breed:** _____ **Color:** _____

Has your pet been Spayed or Neutered? If yes, When? _____

Vaccination History: _____

List any concerns you have about your pet:

Clinic Rules & Client Responsibilities

1. Clients are asked to make appointments and keep them. There is a \$65 charge for missed appointments. If you are unable to keep your scheduled appointment, please call 24 hours in advance and cancel to avoid being charged.
2. For the comfort and safety of our patients and their owners we ask that all pets be on a leash or in carriers while here at the clinic. (This includes the parking lot, grassy areas and the sidewalks.)
3. All patients must be current on vaccinations and be free of internal and external parasites before being admitted into the clinic for hospitalization or grooming services. Those pets that are not, will be vaccinated, bathed, dipped and dewormed at an additional charge to the client.
4. CLIENTS ARE ASKED TO PAY THEIR BILLS IN FULL AT THE TIME SERVICES ARE RENDERED OR UTILIZE CARE CREDIT PAYMENT PLAN UPON APPROVAL!

I have read the above rules of Oakcrest Veterinary Clinic and agree to the terms listed above. I also realize that this form and the terms herein apply for any and all pets I present to Oakcrest Veterinary Clinic for treatment, whether as the owner or agent.

Signature_____ Date_____