



WELCOME



PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Barrington Oaks Veterinary Hospital, LLC and Barrington Oaks North Animal Clinic the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

MR. _____
MRS. OWNER(S) _____ SPOUSE'S _____
DR. _____
MS. _____
LAST FIRST INITIAL LAST FIRST INITIAL

CHILDREN _____
FIRST NAME FIRST NAME FIRST NAME FIRST NAME

ADDRESS _____
APT NUMBER _____
CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER: _____

E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT _____ SPOUSE'S _____
EMPLOYER TITLE EMPLOYER TITLE

IF NECESSARY, MAY WE CALL YOU AT WORK? YES _____ NO _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? (PLEASE CIRCLE ONE)
YELLOW PAGES - HOSPITAL SIGN - INTERNET - LOCAL VETS.COM - YMCA - WELCOME WAGON
PERSONAL RECOMMENDATION, WHO MAY WE THANK? _____
NAME

NAME	DOG/CAT	BREED	COLOR	SEX	ALTERED	AGE/BIRTHDATE

What prior illness or surgery should we know about? _____

List any known drug allergies: _____

Is your pet currently on a special diet or medication? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** (Payment choices available include cash, check, MC/VISA, American Express, Discover, and Care Credit)

Signature of client responsible for pet(s) Date: _____

Again, thank you for giving us the opportunity to serve you!