New Client Information Form

At The Oaks Pet Hospital Inc.
9887 Camino Media
Bakersfield, CA 93311
Tel: 661-665-8950, Fax: 661-665-8005
E-mail: www.attheoakspethospital@yahoo.com
Dr. Teg Sidhu

BUSINESS HOURS
MONDAY-SATURDAY 7AM-7PM
CLOSED SUNDAYS

AAHA AMERICAN ANIMAL HOSPITAL ASSOCIATION
Healthy Practices. Healthier Pets.

OWNERS ACCT. #_____

PROFESSIONAL SERVICES ARE TO BE PAID FOR AT THE TIME SERVICES ARE RENDERED.
We Gladly Take Cash, Electronic Checks, Visa/MasterCard, Care credit.

OWNER'S NAME: _____ HOME NUMBER: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ CELL NUMBER: _____
SPOUSE NAME: _____ SPOUSE TEL. NUMBER: _____
DRIVER LICENSE NO: _____ STATE: _____ EXP. _____ D.O.B. _____
SPOUSE DL NO: _____ STATE: _____ EXP. _____ D.O.B _____
PLACE OF EMPLOYMENT: _____
MAY WE CALL YOU AT WORK? YES: _____ NO: _____ IF YES; WORK NUMBER: _____

PET INFORMATION

	PET 1	PET 2	PET 3
NAME:			
SPECIES: (Cat, Dog, Other)			
BREED:			
DESCRIPTION: (Color)			
AGE: (D.O.B or Years)			
SEX:			
NEUTERED/SPAYED:			
MICROCHIP NUMBER:			
MEDICAL ALERT:			
FOOD/DRUG ALLERGIES:			

VACCINE INFORMATION/HISTORY:

PLEASE PROVIDE THE DATES GIVEN.

CANINE VACCINES			
RABIES: (DOG/CAT 1yr or 3yrs)			
DHPPC: (DISTEMPER/PARVO)			
BORDETELLA (DOG)			
LYME: (DOG)			
FELINE VACCINES			
FVRCP: (Distemper)			
FELINE LEUKEMIA TEST			
FELINE LEUKEMIA VACCINE			
FELINE FIP VACCINE			
FELINE FIV VACCINE			

HOW DID YOU FIND OUT ABOUT OUR HOSPITAL? ☐ Referred by: _____
☐ Hospital Sign ☐ Yellow Pages ☐ Web Page ☐ Television

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY ANIMAL(S). I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT AND HOSPITALIZATION.

OWNER SIGNATURE: _____ **DATE:** _____