Oakwood Animal Hospital & Wellness Clinic
2528 West Tharpe Street • Tallahassee, FL 32303
850-386-1138 • www.oakwoodanimal.com

Owner and Patient Registration Form

OWNER

Owner's Name: (Last) _____ (First) _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email _____ Date of Birth ____/____/____

Driver License # _____ Exp _____ Owner's SS# _____

Employer _____ Employer phone _____

Referral: ( ) Friend ( ) Location ( ) Yellow pages ( ) Internet ( ) Rescue Group ( ) Shelter ( ) Other

CO-OWNER/SPOUSE – individual who has permission to make decision or inquiries of your pet(s)

Co-owner (Last) _____ (First) _____ Contact # _____

Employer _____ Employer phone _____

PET(S):

Patient's Name(s): _____ Breed(s): _____

Sex: (please circle) Female / Spayed Male / Neutered Date of Birth or Age: _____

Color: _____ Microchip Number _____

Circle if applicable: Allergic reactions to vaccination/medications Previous surgery/illness Special Diets

Detail if needed – _____

_____

Previous Veterinarian: _____

City/St _____ Number _____

Method of Payment: ( ) Cash ( ) Credit Card ( ) Debit Card ( ) Care Credit No Checks

I understand that as the owner I am financially responsible to the hospital for all charges incurred and that payment is required IN FULL at time of services. I agree to pay a 70% deposit at the time of extensive surgeries and hospitalization.

Date _____ Signature _____