

CHIMNEY HILLS

ANIMAL HOSPITAL

"Growing with your family"

6211 East 91st Street (918) 481-1693 fax: (918) 496-4055
Chad Lewis, DVM Barbara Miller, DVM

LAST NAME: _____ FIRST NAME: _____ TITLE: _____
 ADDRESS: _____ ZIP CODE: _____
 _____ PHONE: _____
 CITY: _____ STATE: _____ WORK #: _____ CELL #: _____
 COUNTY: _____ SPOUSE CELL: _____
 EMAIL ADDRESS*: _____

DL NO (Req'd): _____ SPOUSE: _____
 PREFERRED DOCTOR: _____
 HOW DID YOU HEAR ABOUT US? _____
 DATE OF BIRTH (Req'd): ____/____/____

If you are under the age of 18, the account must have someone else who is over the age of 18 as a designated caregiver for your pets.
 *You will be automatically entered to receive vaccine reminders, appt reminders and our monthly newsletter

PATIENT INFORMATION

1. PET NAME _____ BREED _____
 COLOR _____ SEX _____ SPAYED/NEUTERED _____ BIRTHDAY/AGE _____
 2. PET NAME _____ BREED _____
 COLOR _____ SEX _____ SPAYED/NEUTERED _____ BIRTHDAY/AGE _____
 3. PET NAME _____ BREED _____
 COLOR _____ SEX _____ SPAYED/NEUTERED _____ BIRTHDAY/AGE _____

WHERE WAS YOUR PET LAST VACCINATED?

CAN WE CALL TO OBTAIN PREVIOUS RECORDS?: YES / NO / I BROUGHT THEM WITH ME

EMERGENCY CONTACT: _____ PHONE _____

Here at Chimney Hills, we like to take a lot of pictures. Your pet may be included in those pictures. We are asking permission to use any pictures we take on our website or social media sites. No information (other than pet's name) will be included in any of our posts. If you would be willing to allow us to use said pictures, please initial.

FULL PAYMENT IS REQUIRED AT TIME OF SERVICES RENDERED.

The following payment options are available:

- 1) CASH, MONEY ORDERS, PERSONAL CHECKS, DEBIT CARDS
- 2) VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS
- 3) CARE CREDIT: a credit card with a monthly payment system.
 This plan offers various credit limits and interest free payment plans. Ask the receptionist for an application if interested.
- 4) A fee of 24% APR is added to each monthly invoice that is sent out after the 1st 30 days.

If you would like a pretreatment estimate, please let the technician know.

I authorize Chimney Hills Animal Hospital to do whatever is necessary in case of illness or in an emergency situation.

SIGNATURE _____ DATE _____

We appreciate the trust and confidence you are placing in us and we look forward to becoming your pet's health care team.