

  
**CHIMNEY HILLS**  
**ANIMAL HOSPITAL**

**Chad Lewis, DVM   Barbara Miller, DVM   Katie Seibert, DVM**

**CLIENT INFORMATION**

**OWNER: Title:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

\*You will be sent appointment reminders and vaccine reminders, but we will NOT spam your email!

**Driver's License Number. (Req'd for prescriptions):** \_\_\_\_\_

**OWNER'S BIRTHDATE: (Req'd for prescriptions):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**HOW WERE YOU REFERRED TO OUR CLINIC?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**SECOND OWNER INFORMATION: First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**SECOND OWNER EMAIL:** \_\_\_\_\_

**PHONE NUMBER(S): PLEASE INCLUDE TYPE AND PERSON THE NUMBER BELONGS TO**

**PHONE 1:** \_\_\_\_\_ **Who's Number is This?** \_\_\_\_\_ **Can We Text?** \_\_\_\_\_

**PHONE 2:** \_\_\_\_\_ **Who's Number is This?** \_\_\_\_\_ **Can We Text?** \_\_\_\_\_

**PHONE 3:** \_\_\_\_\_ **Who's Number is This?** \_\_\_\_\_ **Can We Text?** \_\_\_\_\_

**PET INFORMATION:**

**Pet #1**

**Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Spayed or Neutered?** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Date of Birth or Age:** \_\_\_\_\_ **Where last vaccinated:** \_\_\_\_\_

**Pet #2**

**Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Spayed or Neutered?** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Date of Birth or Age:** \_\_\_\_\_ **Where last vaccinated:** \_\_\_\_\_

**Pet #3**

**Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Spayed or Neutered?** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Date of Birth or Age:** \_\_\_\_\_ **Where last vaccinated:** \_\_\_\_\_

**Is Anyone Else Authorized to Initiate Care for your Pets?**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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, AND ALL CREDIT CARDS

2) 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.

3) SCRATCH PAY: A loan service that you can apply for to make payments for your pet's medical care.

4) A fee of 24% APR is added to each monthly invoice that is sent out after the 1<sup>st</sup> 30 days.

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

**Due to Oklahoma Pharmacy Laws, once a prescription has been purchased and taken off-premises we can not take that product back or issue a refund. ALL PHARMACEUTICAL SALES ARE FINAL.**

**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.