

**Live Oak Veterinary Park**  
**CLIENT INFORMATION**

Owner's Name \_\_\_\_\_ Title (Mr., Mrs., Ms., Miss, Dr.) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Title (Mr., Mrs., Ms., Miss, Dr.) \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
What is the best number to reach you at during business hours? \_\_\_\_\_  
In case of EMERGENCY please call \_\_\_\_\_ at this # \_\_\_\_\_  
How did you learn of our clinic? Sign \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_  
If referral who may we thank? \_\_\_\_\_

---

**PATIENT INFORMATION**

Name \_\_\_\_\_ Species (dog, cat, ferret, bird, reptile, other) \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Spayed / Neutered (circle if applies) \_\_\_\_\_  
Prior Serious Illness or Major Surgery \_\_\_\_\_  
Current Medications (including heartworm prevention) \_\_\_\_\_  
Has this pet ever shown any aggression toward people (i.e. snaps, bites, growls)? No \_\_\_\_\_  
Yes \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
I plan to bring my pet to Live Oak Veterinary Park for: Boarding \_\_\_\_\_ Veterinary Care \_\_\_\_\_  
If we are your pet's primary care provider, would you like for us to send vaccination reminders? YES \_\_\_\_\_ NO \_\_\_\_\_

---

We will gladly prepare a written estimate if you desire. Please ask the doctor before the services are performed. **PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Do you have health insurance for this pet? \_\_\_\_\_  
Method of preferred payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

---

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 this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for conditions requiring extensive treatment.

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_