

**Thank you for choosing us  
for your pet's healthcare!**



**Client Name** \_\_\_\_\_ **Address** \_\_\_\_\_

Client Spouse's Name \_\_\_\_\_  
\_\_\_\_\_

**Phone** (home) ( ) - \_\_\_\_\_ - \_\_\_\_\_ (cell) ( ) - \_\_\_\_\_ - \_\_\_\_\_

Spouse Phone( ) - \_\_\_\_\_ - \_\_\_\_\_

**Email Address** \_\_\_\_\_

Would you like your reminders sent via email?  Yes  No

**Occupation/Employer** \_\_\_\_\_

Work Phone( ) - \_\_\_\_\_ - \_\_\_\_\_ If needed, may we call you at work?  Yes  No

Spouse's Occupation/Employer \_\_\_\_\_

In the event that we cannot reach you, please provide us with an **emergency contact**:

Name \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ - \_\_\_\_\_

**Previous Veterinarian** \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ - \_\_\_\_\_

May we contact your previous veterinarian for your pet's records?  Yes  No

**How did you hear about our hospital?**

Drive-By  Website  Post Card Mailer  Local's Pack

Individual - Who may we thank? \_\_\_\_\_  Beach Book

Other \_\_\_\_\_

**Preferred Payment Method**

Cash  Credit Card (AMEX, Visa, MC, Disc)  Check *Driver's Lic:* \_\_\_\_\_

Upon request, we will prepare a Medical Care Plan for all extensive testing or procedures that our doctor recommends before these tests or procedures are performed. I understand that I am responsible for any charges incurred by my pet while in the care of the doctors at the Outer Banks Veterinary Hospital (OBXVH) and that charges are due and payable at the time of service, unless other arrangements are made in advance. Any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum. Any balance that I leave unpaid will be forwarded to OBXVH's collection agency, and will incur a 25% collection fee for which I am liable, in addition to monthly finance charges.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**(Please see the back of this sheet for information on your pets.)**





1.

**Pet's Name** \_\_\_\_\_ **Pet's Age** (birthday if known) \_\_\_\_\_ Weeks Months Years

**Species** (cat, dog, etc.) \_\_\_\_\_ **Breed** \_\_\_\_\_

**Pet's Gender** (check)  Male  Female **Spayed/Neutered?** (check)  Yes  No

2.

**Pet's Name** \_\_\_\_\_ **Pet's Age** (birthday if known) \_\_\_\_\_ Weeks Months Years

**Species** (cat, dog, etc.) \_\_\_\_\_ **Breed** \_\_\_\_\_

**Pet's Gender** (check)  Male  Female **Spayed/Neutered?** (check)  Yes  No

3.

**Pet's Name** \_\_\_\_\_ **Pet's Age** (birthday if known) \_\_\_\_\_ Weeks Months Years

**Species** (cat, dog, etc.) \_\_\_\_\_ **Breed** \_\_\_\_\_

**Pet's Gender** (check)  Male  Female **Spayed/Neutered?** (check)  Yes  No

4.

**Pet's Name** \_\_\_\_\_ **Pet's Age** (birthday if known) \_\_\_\_\_ Weeks Months Years

**Species** (cat, dog, etc.) \_\_\_\_\_ **Breed** \_\_\_\_\_

**Pet's Gender** (check)  Male  Female **Spayed/Neutered?** (check)  Yes  No