



OAK HILL VETERINARY CLINIC

7101 Hwy 71 W. Ste. A-8
Austin, TX 78735

Welcome to Oak Hill Veterinary Clinic!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible, please fill out this form completely.

REGISTRATION

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

How did you learn of our clinic? Website/Internet Our Sign Mailer or Flier
 Recommendation Other _____

If recommended, by whom? _____

E-mail Address _____

PET HISTORY

Name of Pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Female Spayed Neutered

List all medications your pet is taking (including heartworm and flea prevention) _____

How many pets in household? Dogs _____ Cats _____ Other(specify) _____

AUTHORIZATION

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 charges will be paid at the time of release and that a deposit may be required for any part or all of the treatment.

Signature of Owner _____ Date _____

Method of Payment Cash Check Credit(card type) _____
(check one)

The following is required if paying by check:
SSN _____
DL# _____

