



9200 N. Garnett Rd., Owasso, OK 74055
 Ph (918) 609-6111 • Fax (918) 376-4654
 Dr. Gena Guerriero • Dr. Jenny Nobles

CLIENT INFORMATION

Date _____

Name _____ Spouse/Other Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Spouse/Other Phone _____

Place of Employment _____ Work Phone _____

Email _____ Do you prefer to receive reminders by Mail or Email? (Circle one)

How did you hear about our animal hospital?

- Drove by
- Facebook/Website
- Yellow Pages
- Advertisement
- Referral (whom may we thank?) _____
- Other _____

PET INFORMATION	Pet 1	Pet 2	Pet 3
Name			
Species: dog, cat, etc.			
Breed			
Sex of Pet	Male or Female (circle one)	Male or Female (circle one)	Male or Female (circle one)
Neutered/Spayed?	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
Color			
D.O.B. or Age			
Microchipped	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
Length of time owned			
Origin of Pet (stray, rescue, breeder)			
Indoor/Outdoor/both			
Brand of Pet Food			
Previous Surgeries			
Medical Conditions			
Current Medications			
Drug, Food Allergies			
Previous Veterinarian			
May we call to get vaccine history?	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
May we share pictures on FB?	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)

PLEASE PRINT & FILL IN ALL INFORMATION COMPLETELY

Owner's Name: _____
Spouses Name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Owner's Place of Employment: _____ Spouse's Place of Employment: _____
Work Phone: _____ Work Phone: _____
DL State & Number: _____ DL State & Number: _____
SS#: _____ SS#: _____

PREFERRED METHOD OF PAYMENT (Please check one)

Please Note: PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED & FAM DOES NOT ACCEPT CHECKS

- Cash**
- Debit Card**
 - Name of Bank: _____
 - Name as it appears on card: _____
 - Card Number: _____
 - Expiration: _____
- Credit Card**
 - Visa**
 - MasterCard**
 - Name as it appears on card: _____
 - Card Number: _____
 - Expiration: _____
 - Discover**
 - American Express**

PET INSURANCE & CareCredit®

We require full payment at the time that services are rendered. We will not extend personal credit. We urge you to carry pet insurance for unexpected medical expenses for your dogs and cats. If a pet care emergency arises that has significant expense, we can help you apply for CareCredit®. CareCredit® has interest free payments plans that allow you to payout an emergency expense over several months. You do not necessarily need a perfect credit check to qualify. It is easier to get than a credit card. CareCredit® is ideal for co-payments, deductibles, treatments or procedures that may not be completely covered by pet insurance. If you are interested in pet insurance or CareCredit®, please let one of our staff members know and we will get you information and help you apply.

AUTHORIZATION & RELEASE FOR MEDICAL and/or SURGICAL CARE

I, _____, the undersigned as owner and/or agent of the animal, do hereby authorize the veterinarians of Family Animal Medicine, PLLC and such persons as they designate as their aids and assistants to administer to the patient such diagnostic, therapeutic, anesthetic and/or surgical procedure as they deem necessary for the care of said animal. I hereby certify that I have read and fully understand the above authorization. I also certify that no guarantee or assurance has been made as to results that may be obtained and I completely release any staff veterinarian their aids, assistants, and Family Animal Medicine, PLLC from any and all liability due to death, loss, or any decline in condition of my animal while under their care. I also understand and agree to the terms of payment: all fees are due and payable at the time services are rendered.

Signature: _____ Date: _____