

# OASIS ANIMAL HOSPITAL

10652 S. Eastern Ave, Ste. B

Henderson, NV 89052

702-616-2747

Hours: Monday through Friday from 8 am to 6pm, Closed Saturday and Sunday

(After Hours: Please call The Animal Emergency Center at 702-457-8050.)

Appointments are highly recommended. There will be a \$35 fee for missed appointments.

Owner \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

\*Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

Referred By \_\_\_\_\_

\*\*Would you like to receive emails regarding your pet? (Circle) Yes or No

\*\*Would you like to receive text messages regarding your pet? (Circle) Yes or No Mobile Carrier \_\_\_\_\_

\*\*\*We will not share any of your information with an outside party. Information provided will be retained, kept confidential and only used for communication purposes.

## Patient Information

1) Name \_\_\_\_\_ Species: Dog/ Cat / Other: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M or F (Circle) "Fixed": Yes or No (Circle) Date of Birth(Age) \_\_\_\_\_

Date and Provider of last Vaccines \_\_\_\_\_

Microchip ID: Yes or No (Circle) ID Number: \_\_\_\_\_

2) Name \_\_\_\_\_ Species: Dog/ Cat / Other: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex: M or F (Circle) "Fixed": Yes or No (Circle) Date of Birth(Age) \_\_\_\_\_

Date and Provider of last Vaccines \_\_\_\_\_

Microchip ID: Yes or No (Circle) ID Number: \_\_\_\_\_

**PAYMENT IS DUE AT TIME SERVICES ARE PERFORMED. I AM GIVING OASIS ANIMAL HOSPITAL PERMISSION TO TAKE CARE OF MY PET, AND I UNDERSTAND THAT THE BILL MUST BE PAID FOR BEFORE MY PET GOES HOME.** In the event of my failure to pay, I understand that my account may be turned over to a collection agency and/or legal action taken to collect this money. In this even, I understand that I will be responsible for the greater of 1.5% or \$5.00 monthly service charge and all collection charges and/or legal fees that may occur plus the original balance as a result of my delinquency.

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