

Oakcrest Veterinary Clinic
5452 Marlboro Pike
District Heights, MD 20747
(301) 420-5240

Client Registration Form

Here at Oakcrest Veterinary Clinic we take pride in serving our clients and their family pets. New clients are welcome; we ask that you complete the form below as fully as possible and read and sign the notice on the next page. All clients under 18 years of age must have their parent or legal guardian complete the registration form prior to the consultation and/or treatment of their pet.

***Please Print**

Date: _____ **E-mail Address:** _____

Name: _____

Address _____ **Phone #** _____

City _____ **State** _____ **Zip Code** _____

Driver's License # _____

Referred By: _____

Employment Information and Address (if unemployed, please provide spouse's employment information)

Phone # _____

Name of Bank _____ **Branch** _____

*All balances must be paid at the time services are rendered. Please indicate which method you find most convenient.

Please Circle: 1. Cash 2. Check 3. Visa 4. MC 5. AM EX

Credit Card information Account # _____ **Exp. Date** _____

Pet Information

Name: _____ **Sex:** _____ **D.O.B.:** _____ **Breed:** _____

Vaccination History: _____

List any concerns you have about your pet:

Clinic Rules & Client Responsibilities

1. Clients are asked to make appointments and keep them. There is a \$35 charge for missed appointments. If you are unable to keep your scheduled appointment, please call 24 hours in advance and cancel to avoid being charged.
2. For the comfort and safety of our patients and their owners we ask that all pets be on a leash or in carriers while here at the clinic. (Including parking lot, grassy areas and the sidewalks.)
3. All patients must be current on vaccinations and be free of internal and external parasites before being admitted into the clinic. Those pets that are not, will be vaccinated, bathed, dipped and dewormed at an additional charge to the client.
4. **CLIENTS ARE ASKED TO PAY THEIR BILLS IN FULL AT THE TIME SERVICES ARE RENDERED!**
5. A deposit of 100% of estimated surgical bills must be made before patients are admitted. Balance due, if any, when the patient is discharged. A finance charge of 1.5% per month is applied to any unpaid balance after 30 days. (This is an annual rate of 18%) If that result is less than \$3, a minimum finance charge of \$3 is imposed. In addition, there is a billing charge of \$2 per billing cycle (monthly). There is a service charge of \$45 for all returned checks. A warrant for the arrest of all individuals writing bad checks will be initiated if checks are not made good within 24 hours. Should litigation or collection be made necessary or result due to default of payment of bill/s, clients will be responsible for any additional collection fees, legal fee, court costs, and any and all reasonable expenses incurred by Oakcrest Veterinary Clinic or their authorized agent, to enforce payment of balances owed to us by the client (whether owner or agent).

I have read the above rules of Oakcrest Veterinary Clinic and agree to the terms listed above. I also realize that this form and the terms herein apply for any and all pets I present to Oakcrest Veterinary Clinic for treatment, whether as the owner or agent.

Signature _____ Date _____