



Oakhurst Veterinary Hospital
40799 Highway 41
Oakhurst, California 93644
559-777-6777

CLIENT REGISTRATION FORM

Last Name: _____ First: _____

Date of Birth: _____ → For DEA Controlled Substances Use Only

Spouse/Relative Full Name: _____

Date of Birth: _____ → For DEA Controlled Substances Use Only

Preferred Phone Number: _____

Alternate Phone Number: _____

Spouse/Relative Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

May we email you? ☐ Yes ☐ No

***Your Email address will not be sold to any other parties connected to Oakhurst Veterinary Hospital.*

How did you hear about us? _____

May we use your pet's photo on social media? ☐ Yes ☐ No

PROFESSIONAL FEES ARE DUE WHEN SERVICES ARE RENDERED

Financial Responsibility Agreement Terms:

A *medical plan estimate* may be requested at any time during each of your pet's visits. Any charges incurred for the pet(s) on this account are the signing party's responsibility. Any outstanding balances will be subject to late fees after 30 days. Checks will be processed through *Telecheck Acceptance* at the time of payment. Any check returned for non-sufficient funds are subject to a returned check fee of \$25.00. If you have any questions, please feel free to ask a member of our staff. ***All fees are due when services are rendered.*** By typing your name below, you agree to the all terms listed on this form.

Signature: _____ Date: _____

Please see reverse side to review and initial our cancellation policy →



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Dear Valued Client,

We strive to maintain an efficient schedule that enables us to help as many pets as possible while honoring the time of our team, doctor, and clients. In order for us to do this, we maintain strategic scheduling requirements. We have had an increased number of clients scheduling appointments and then simply not showing up. Sadly, this happens after we have had to send numerous clients to Fresno or other hospitals for services. For that reason, please review our policy below.

CANCELLATION POLICY

“No Shows” & Same Day Cancellations

If you miss your appointment without contacting us directly, this is considered a “no show”. If you cancel on the same day as your appointment, this is called a “same-day cancellation”. A missed appointment presents concerns for both you and our team. For you, it can mean delayed care and treatment that is recommended for your pet. For our practice, it prevents us from seeing another patient that is in need of specialized care and treatment. Appointments resulting in no-shows or a same-day cancellation, may incur a fee or require pre-payment at the time of your next booking.

We greatly appreciate your understanding, and your communication helps us ensure we can assist another pet that is in need of care. Multiple no shows and same day cancellations may result in dismissal from our practice. To cancel, contact us at 559-777-6777 or ovhreception@gmail.com.

Initial: _____