



120 Dillard Road, Madison Heights, VA 24572
434-218-7070

Client Registration Form

Date: _____

Name: _____

Spouse or Co-owner's Name: _____

Address: _____

Street

City, State, Zip

Mailing Address: _____

Primary Phone: _____ Cell Home Work Other

Alternate Phone: _____ Cell Home Work Other

Emergency Phone: _____

Email address: _____

Employer: _____

How did you hear about our Facility?

- Individual: Someone we may thank? _____
- Other (Facebook, website, google), please list: _____

Professional Fees are due at the time services are rendered

We accept: Cash, Check, Care Credit, Scratch Pay, Discover, Visa, Master Card

Signature: _____

I authorize my previous veterinarian to release my pet(s) medical information to Oak Hill doctors and staff.

Signature: _____

To prevent the spread of infectious disease and parasites, hospitalized, lodging and daycare animals must be current on vaccinations and free of internal and external parasites. I authorize the doctor to provide vaccinations and parasite control as needed for my pet.

Signature: _____



OAK HILL
VETERINARY CARE
& PET RESORT

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Pet Information

	Pet 1	Pet 2	Pet3
Pet Name			
Species (Cat, dog, rabbit)			
Breed			
Sex			
Spayed or neutered			
Age in years			
Date of birth if known			
Pet Origin (friend, rescue, breeder)			
Length of time owned			
Microchip #			
Diet/Brand/Type of food			
How many times fed daily			
Hours spent outside daily			
Vaccines: check if done and list date if known:			
DOG: DHPP			
Lepto			
Lyme			
Bordetella			
Influenza			
Rabies			
4dx or heartworm test			
CAT: FVRCP			
Feline Leukemia			
Rabies (1 year or 3 year)			
FeLV/ FIV test done			
Other Information:			
Type of Flea and Tick preventative used:			
Type of Heartworm preventative used:			
Last Fecal Test:			
Last Dental:			
Prior surgery:			
Medical condition:			

