



Animal Hospital of Omak New Client Form

Client Information

Today's Date: _____
Name: _____ **Your Date of Birth:** _____
 Home Phone: _____ Cell Phone: _____
EMAIL ADDRESS: _____
Mailing address: _____ **Zip Code:** _____
Physical address: _____ **Zip Code:** _____
Driver's License Number: _____ **State Issued:** _____
Social Security Number: _____
 Place of Employment: _____ **Work Phone:** _____
Spouse/Partner: _____ **Cell Phone:** _____
Driver's License Number: _____ **State Issued:** _____
 Place of Employment: _____ **Work Phone:** _____
 Further Contact Names and Numbers:
Name: _____ **Relation:** _____ **Number:** _____

Patient Information

Pet's Name: _____ **Species/Type:** _____
Circle: MALE/FEMALE **Has your pet been spayed or neutered?:** _____
Breed: _____
Color: _____ **Age:** _____
Has your pet had any vaccinations?: _____ **Date of last vaccination?:** _____
History: _____

Additional Pets:

Pet's Name: _____ **Species/Type:** _____
Circle: MALE/FEMALE **Has your pet been spayed or neutered?:** _____
Breed: _____
Color: _____ **Age:** _____
Has your pet had any vaccinations?: _____ **Date of last vaccination?:** _____
History: _____

I am interested in learning more about a private health and wellness credit card, known as CareCredit: YES _____ NO _____

Payments for all elective surgeries are required upon release of patient or at time of service. Emergency cases are required to pay a deposit (determined by Doctor and treatment needed for animal) before any services are rendered. The final bill must be paid in full upon release of the patient.

Signature: _____ **Date:** _____

Complete Other Side





Animal Hospital of Omak

132 Columbia St. | Omak, WA 98841 | 509-826-5070

Written Financial Policy

Thank you for choosing the Animal Hospital of Omak. Our primary mission is to deliver the best and most comprehensive veterinary care available. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card.
- Care Credit Healthcare Card

Please note:

The Animal Hospital of Omak requires payment in full upon release of your pet for all appointments and elective surgeries. Emergency cases are required to pay a deposit, determined by the Doctor and the treatment needed for the animal, prior to hospital admission.

The Animal Hospital of Omak charges \$25 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help your pet get the veterinary care they need.

Patient Name

Client Signature

Date

Complete Other Side

