

Oakdale Animal Hospital

2028 Highway 471

Brandon, MS 39047

Oakdale Animal Hospital takes pride in serving our clients and their pets. We do our best to treat your pets as we would treat our own. // We ask that you complete this form, read and sign the notice on the next page, and provide us a copy of your driver's license if you are paying by check. // All clients must be 18 years of age or have someone of age complete this form prior to visit.

Owner Information:

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

Primary Cell-Phone: _____ Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail Address: _____

Place of Employment: _____ Work Phone: _____

*Spouse's Name: _____ D.O.B.: _____ Spouse's Cell-Phone: _____

*Emergency Contact (Other than Self): _____ Phone Number: _____

How Did You Find Us? (Check all that apply)

- Social Media: _____
- Personal Recommendation (Who can we thank for referring you? _____)
[Ask about our referral program!]
- Online Search (What word did you search? _____)
- Location (Sign/Drive-By)
- Other: _____

I would like to Receive Appointment and Wellness Reminders via: (Circle all that apply)

E-Mail // Phone Call // Text // Message // Post Card

I give Oakdale Animal Hospital permission to use photos my pet(s) on any of their social media outlets

Yes // No

I give Oakdale Animal Hospital permission to contact my previous veterinarian

Yes // No

Pet(s) Information:

*Name: _____ d.O.B. or Approximate Age: _____ Sex: _____

Breed: _____ Color: _____ Spayed/Neutered: **Yes/No**

Does your pet have a microchip? Yes/No // Who is your previous veterinarian? : _____

*Name: _____ d.O.B. or Approximate Age: _____ Sex: _____

Breed: _____ Color: _____ Spayed/Neutered: **Yes/No**

Does your pet have a microchip? Yes/No // Who is your previous veterinarian? : _____

*Name: _____ d.O.B. or Approximate Age: _____ Sex: _____


Breed: _____ Color: _____ Spayed/Neutered: **Yes/No**

Does your pet have a microchip? Yes/No // Who is your previous veterinarian? : _____

*Name: _____ d.O.B. or Approximate Age: _____ Sex: _____

Breed: _____ Color: _____ Spayed/Neutered: **Yes/No**

Does your pet have a microchip? Yes/No // Who is your previous veterinarian? : _____

Turn Page Over 

Clinic Rules and Client Responsibilities

Please read carefully then initial each blank

_____ I understand that all patients must be current on vaccinations, including Rabies, and be free of internal and external parasites before being admitted into the clinic.

_____ I understand that a deposit may be required on any medical procedure before patients are treated.

_____ I understand that payment is due at the time services are performed and must be paid in full before a patient can be discharged from the hospital. I also understand that prices quoted before procedures are performed are just estimates and may differ from the final charges due to unforeseen circumstances.

_____ I understand that I am responsible for the bill and any other fees including but not limited to: NSF fees, monthly finance charges, court costs, attorney fees, and collection fees incurred.

_____ I understand that Oakdale Animal Hospital will use all reasonable precautions against injury, escape or death of my pet. I also authorize the use of appropriate anesthetics, and other medications, and understand that hospital personnel will be employed as deemed necessary by the veterinarian. I understand that all anesthetics involve some risk to my pet and will not hold Oakdale Animal Hospital liable or responsible in any manner or under any circumstances.

_____ I have given permission to Oakdale Animal Hospital to evaluate and treat my pet.

Signature: _____ Date: _____