



# CLIENT INFORMATION

6231 East 15<sup>th</sup> Street – Tulsa, Oklahoma  
74112

**NO CHECKS WILL BE ACCEPTED**

(918) 835-2336 Phone

(918) 835-2473 Fax

15thstvet@tulsacoxmail.com

## OWNER INFORMATION

LAST NAME		FIRST NAME		DATE
STREET ADDRESS		ZIP	CELL PHONE	
CITY		STATE	HOME PHONE	
DRIVER'S LICENSE #	DATE OF BIRTH	EMAIL		
EMPLOYER			BUSINESS PHONE	
SPOUSE NAME			SPOUSE PHONE	
HOW WOULD YOU PREFER TO RECEIVE YOUR REMINDERS?				
<input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> TEXT MESSAGE (preferred phone _____)				

## PET INFORMATION

PET'S NAME	SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER _____	AGE-YRS	BREED	COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SPAYED/NEUTERED <input type="checkbox"/> YES <input type="checkbox"/> NO
PET'S NAME	SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER _____	AGE-YRS	BREED	COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SPAYED/NEUTERED <input type="checkbox"/> YES <input type="checkbox"/> NO
PET'S NAME	SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER _____	AGE-YRS	BREED	COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SPAYED/NEUTERED <input type="checkbox"/> YES <input type="checkbox"/> NO
PET'S NAME	SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER _____	AGE-YRS	BREED	COLOR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SPAYED/NEUTERED <input type="checkbox"/> YES <input type="checkbox"/> NO

## EMERGENCY NOTIFICATION – other than self

NAME	PHONE
ADDRESS	RELATIONSHIP

## Please tell us how you found us

<input type="checkbox"/> CLINIC WEBSITE	<input type="checkbox"/> STREET SIGN	<input type="checkbox"/> PHONE BOOK
<input type="checkbox"/> INTERNET SEARCH	<input type="checkbox"/> REFERRED BY	<input type="checkbox"/> OTHER
Search engine _____	Please note _____	Please specify _____

## ACKNOWLEDGEMENTS

I understand that payment is expected at the time of service. In the event I am unable to make my agreed upon payment, I understand that a debt collector will be contacted to recover the funds. A deposit may be required before diagnostics, treatments and/or hospitalization are performed. **Checks will not be accepted.**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE