OASIS ANIMAL HOSPITAL, INC.

10652 S. Eastern Ave, Ste. B
Henderson, NV 89052
702-616-2747 or 616-"OASIS"
Hours: Monday through Friday from 8 am to 6pm, Closed Saturday and Sunday
Appointments are highly recommended. There will be a $40 fee for missed appointments.

Owner Information

Full Name _____

Address _____ Zip_____

Home Phone_____ Cell Phone _____Work_____

Employer _____

SS# _____ Drivers Lic # _____

Email _____ Work Email _____

If you plan on writing a check, we will require your SSN Number and Driver's License. Otherwise, leave blank.

Spouse Information

Full Name _____

Home Phone_____ Cell Phone _____Work_____

Employer _____

SS# _____ Drivers Lic # _____

Email _____ Work Email _____

If you plan on writing a check, we will require your SSN Number and Driver's License. Otherwise, leave blank.

Alternate / Emergency Contact_____ Home Phone_____

Cell Phone_____ Email _____

Referred By _____

Would you like to receive emails regarding your pet? [statements and reminders] (Circle) Yes or No

Would you like to receive text messages regarding your pet? (Circle) Yes or No Cell Number _____

Carrier _____

*****We will not share any of your information with an outside party. Information provided will be retained, kept confidential and only used for communication purposes.*****

Please Turn Over for Patient Information

Patient Information

Do you have Pet Insurance? (Circle) Yes or No If yes, what company?_____

Do you have CareCredit? (Circle) Yes or No

If you answered no, are you interested in more information about Pet Insurance and/or CareCredit? (Circle) Yes or No

1) Name_____ Species: Dog/ Cat / Other:_____

Breed_____ Color_____

Sex: M or F (Circle) "Fixed": Yes or No (Circle) Date of Birth(Age)_____

Date and Provider of last Vaccines _____

Microchip ID: Yes or No (Circle) ID Number: _____

Known Allergies: _____

2) Name_____ Species: Dog/ Cat / Other:_____

Breed_____ Color_____

Sex: M or F (Circle) "Fixed": Yes or No (Circle) Date of Birth(Age)_____

Date and Provider of last Vaccines _____

Microchip ID: Yes or No (Circle) ID Number: _____

Known Allergies: _____

3) Name_____ Species: Dog/ Cat / Other:_____

Breed_____ Color_____

Sex: M or F (Circle) "Fixed": Yes or No (Circle) Date of Birth(Age)_____

Date and Provider of last Vaccines _____

Microchip ID: Yes or No (Circle) ID Number: _____

Known Allergies: _____

4) Name_____ Species: Dog/ Cat / Other:_____

Breed_____ Color_____

Sex: M or F (Circle) "Fixed": Yes or No (Circle) Date of Birth(Age)_____

Date and Provider of last Vaccines _____

Microchip ID: Yes or No (Circle) ID Number: _____

Known Allergies: _____

PAYMENT IS DUE AT TIME SERVICES ARE PERFORMED. I AM GIVING OASIS ANIMAL HOSPITAL PERMISSION TO TAKE CARE OF MY PET, AND I UNDERSTAND THAT THE BILL MUST BE PAID FOR BEFORE MY PET GOES HOME. In the event of my failure to pay, I understand that my account may be turned over to a collection agency and/or legal action taken to collect this money. In this even, I understand that I will be responsible for the greater of 1.5% or $5.00 monthly service charge and all collection charges and/or legal fees that may occur plus the original balance as a result of my delinquency.

Date:_____**Signature:**_____