



# Welcome to Oceana Pet Hospital!

Primary Owner \_\_\_\_\_ Secondary Owner \_\_\_\_\_  
Last First Last First

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone Numbers \_\_\_\_\_  
Primary Secondary Work

Email \_\_\_\_\_ Driver's License/State \_\_\_\_\_ Owner D.O.B. \_\_\_\_\_

Referred By: \_\_\_\_\_

<p><b>Pet's Name</b> _____ <b>Species:</b> <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p><b>Breed</b> _____ <b>Birth Date/Age</b> _____ <b>Color</b> _____</p> <p><b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed Female</p>
<p><b>Pet's Name</b> _____ <b>Species:</b> <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____</p> <p><b>Breed</b> _____ <b>Birth Date/Age</b> _____ <b>Color</b> _____</p> <p><b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed Female</p>
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**Please sign the following authorization for treatment:**

I hereby authorize the staff of Oceana Pet Hospital to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered, and a deposit is required on all pets admitted to the hospital.

\_\_\_\_\_  
Signature of Owner/Responsible Party Date

To save time during check-in please print and bring this page with you, or save and email it to [OceanaPet@gmail.com](mailto:OceanaPet@gmail.com)