

Oak Ridge Animal Hospital  
3308-A Edgefield Road, Greensboro, NC 27409

**OWNER INFORMATION SHEET**

Date: \_\_\_\_\_

NAME: Dr./Mr./Mrs./Ms. \_\_\_\_\_ D/O/B: \_\_\_\_\_

(first) (last)  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVER LICENSE NO.: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

PLACE OF BUSINESS: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

SPOUSE: Dr./Mr./Mrs./Ms. \_\_\_\_\_ Spouse CELL PHONE: \_\_\_\_\_  
(first) (last if different) Spouse D/O/B: \_\_\_\_\_

Spouse DRIVER LICENSE NO.: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

Spouse PLACE OF BUSINESS: \_\_\_\_\_ Spouse BUS. PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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**PET INFORMATION:** (Please use back of form for additional pets.)

NAME OF PET \_\_\_\_\_ DOG \_\_\_\_\_ CAT \_\_\_\_\_ OTHER(SPECIFY) \_\_\_\_\_

BREED \_\_\_\_\_ COLOR \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ SPAY \_\_\_\_\_ NEUTERED \_\_\_\_\_

Name of previous veterinary clinic (if applicable): \_\_\_\_\_

Prior medical history or surgeries: \_\_\_\_\_

Any known drug or vaccine reactions: \_\_\_\_\_

Diet \_\_\_\_\_ Current Medications \_\_\_\_\_

Is your dog on heartworm prevention? \_\_\_ Yes \_\_\_ No Type \_\_\_\_\_ Any missed doses and when \_\_\_\_\_

Is your pet on flea and tick control? \_\_\_ Yes \_\_\_ No Type \_\_\_\_\_ Any missed doses and when \_\_\_\_\_

Where was your pet obtained? (circle one) Stray Shelter Rescue Newspaper Breeder Pet Store  
Other (please specify) \_\_\_\_\_

My pet is: (circle one) like a child to me a member of the family much loved, but a pet

Where is your pet housed? (circle one) Indoor Outdoor Indoor/Outdoor

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How did you learn of our practice? (circle one):

Phone Book / Saw Clinic In Passing / NW Observer / Referral / Other: \_\_\_\_\_

If referral, whom may we thank for recommending our practice? \_\_\_\_\_

**PAYMENT POLICY:** Payment is due at the time of service. We accept cash, checks, VISA and Mastercard.

I, \_\_\_\_\_, have read and agree to this payment policy.