

Ottawa – Marseilles Veterinary Hospital  
Dr. Patricia Hoagland  
Client Registration

\*Required Fields

\*Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_  
\*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_ Employer: \_\_\_\_\_  
\*Cell Phone \_\_\_\_\_ Employer's Phone: \_\_\_\_\_  
\*Social Security Number or Driver's License Number: \_\_\_\_\_  
\*E Mail Address \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
\*How did you hear about our clinic? \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Canine \_\_\_\_\_ Feline \_\_\_\_\_ Sex (M) (F) Altered (Y) (N) DOB \_\_\_\_\_  
Vaccination Dates \_\_\_\_\_ Rabies \_\_\_\_\_  
Heartworm Test \_\_\_\_\_ On Preventative (Y) (N) Year Round (Y) (N)

Pet Name: \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Canine \_\_\_\_\_ Feline \_\_\_\_\_ Sex (M) (F) Altered (Y) (N) DOB \_\_\_\_\_  
Vaccination Dates \_\_\_\_\_ Rabies \_\_\_\_\_  
Heartworm Test \_\_\_\_\_ On Preventative (Y) (N) Year Round (Y) (N)

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Canine \_\_\_\_\_ Feline \_\_\_\_\_ Sex (M) (F) Altered (Y) (N) DOB \_\_\_\_\_  
Vaccination Dates \_\_\_\_\_ Rabies \_\_\_\_\_  
Heartworm Test \_\_\_\_\_ On Preventative (Y) (N) Year Round (Y) (N)

Please Sign the following authorization for treatment:

I hereby authorize the staff of Ottawa Veterinary Hospital to render any treatment that is deemed necessary to my pet(s) health while in the 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 proceeding with treatment if time permits. 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 the professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

To my knowledge all information I have given is true and correct.

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

Referred by \_\_\_\_\_ Method of payment \_\_\_\_\_

All payment is due at time of services. There will be a \$25.00 service charge on all returned checks.