

# Oasis Animal Hospital

10652 S. Eastern Avenue, Suite B  
Henderson, NV 89052  
702-616-2747

[www.oasisvetlv.com](http://www.oasisvetlv.com)

Hours: Monday through Friday, 8:00 a.m. to 6:00 p.m.; Closed Saturday & Sunday

(After Hours: Please call Animal Emergency Center at 702-457-8050.)

Appointments are required. Missed appointments or late cancellations may incur a \$35 fee.

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Would you like to receive e-mails regarding your pet(s)? (Circle one) Yes or No

Would you like to receive text messages regarding your pet(s)? (Circle one) Yes or No Cell Provider: \_\_\_\_\_

We will not share your information with any parties except as medically necessary without your consent.

## Patient Information

Name: \_\_\_\_\_ Species: Dog, Cat, or Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: (Circle one) M or F Neutered/Spayed: (Circle one) Yes or No Date of Birth: \_\_\_\_\_

Previous Veterinarian Name: \_\_\_\_\_

Previous Veterinarian Phone: \_\_\_\_\_ May we call for records? (Circle one) Yes or No

Does your pet have a microchip? (Circle one) Yes or No Microchip #: \_\_\_\_\_

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Previous Veterinarian Name: \_\_\_\_\_

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Does your pet have a microchip? (Circle one) Yes or No Microchip #: \_\_\_\_\_

Payment is due at the time services are rendered. We do not offer payment plans. You may ask for a printed estimate at any time. In the event that payment is not made at discharge, I understand that my account may be turned over to a collection agency &/or legal action taken to collect the money owed. I understand that I will be responsible for the greater of 1.5% or \$10 monthly service charge. I will also be responsible for all legal fees & collection agency charges that may be incurred in addition to the original balance as a result of my failure to pay.

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

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