Wiley Veterinary Corp.
dba Oasis Veterinary Hospital
6635 Alhambra Avenue, Suite 100
Martinez, California 94553
Ph: 925.954.8087 Fax: 925.954.8635

New Client Information

Primary Owner

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Employer _____

Preferred Contact Method: ☐ Phone ☐ Email

Secondary Owner

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Employer _____

Preferred Contact Method: ☐ Phone ☐ Email

New Patient Information

Name _____ Species _____

Breed _____ Date of Birth _____

Color _____ Sex _____

Spayed/Neutered? ☐ Yes ☐ No

Current on Vaccines? ☐ Yes ☐ No

Currently on Medication? ☐ Yes ☐ No

Currently on Preventatives? ☐ Yes ☐ No

Current Diet: _____

Significant Medical Issues: _____

Previous Veterinarian _____

May We Contact them? ☐ Yes ☐ No

Information on additional pets may be entered on page 2.

All fees are due and payable upon the completion of services.
I agree to pay all fees for all services rendered at the time my pet is discharged from the hospital. I understand that no veterinary services are provided on the premises during the nighttime hours as there is no veterinarian available at that time.

Signature _____ Date _____

Additional Patients

Name _____ Species _____

Breed _____ Date of Birth _____

Color _____ Sex _____

Spayed/Neutered? ☐ Yes ☐ No

Current on Vaccines? ☐ Yes ☐ No

Currently on Medication? ☐ Yes ☐ No

Currently on Preventatives? ☐ Yes ☐ No

Current Diet: _____

Significant Medical Issues: _____

_____

_____

_____

Previous Veterinarian

May We Contact them? ☐ Yes ☐ No

Name _____ Species _____

Breed _____ Date of Birth _____

Color _____ Sex _____

Spayed/Neutered? ☐ Yes ☐ No

Current on Vaccines? ☐ Yes ☐ No

Currently on Medication? ☐ Yes ☐ No

Currently on Preventatives? ☐ Yes ☐ No

Current Diet: _____

Significant Medical Issues: _____

_____

_____

_____

Previous Veterinarian

May We Contact them? ☐ Yes ☐ No

Name _____ Species _____

Breed _____ Date of Birth _____

Color _____ Sex _____

Spayed/Neutered? ☐ Yes ☐ No

Current on Vaccines? ☐ Yes ☐ No

Currently on Medication? ☐ Yes ☐ No

Currently on Preventatives? ☐ Yes ☐ No

Current Diet: _____

Significant Medical Issues: _____

_____

_____

_____

Previous Veterinarian

May We Contact them? ☐ Yes ☐ No