



# White Oaks Veterinary Hospital

755 Lebanon Road  
Manheim, PA 17545  
(717)665-2338

**Thank you for choosing White Oaks Veterinary Hospital. We are glad to see you!** Our primary mission is to deliver the best and most comprehensive veterinary care available. Please take a few minutes to provide us with some information about yourself and your pets.

Primary account owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Email address \_\_\_\_\_

Your Mobile phone \_\_\_\_\_

Your Work phone \_\_\_\_\_ Place of employment \_\_\_\_\_

Secondary owner (authorized to make medical decisions for any pet in this account) \_\_\_\_\_

Secondary owner Mobile phone \_\_\_\_\_

Secondary owner Work phone \_\_\_\_\_

(#1)Pet's Name \_\_\_\_\_ (#2)Pet's Name \_\_\_\_\_ (#3)Pet's Name \_\_\_\_\_

Breed \_\_\_\_\_ Breed \_\_\_\_\_ Breed \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthdate \_\_\_\_\_

Sex \_\_\_\_\_ Altered? Yes/no Sex \_\_\_\_\_ Altered? Yes/no Sex \_\_\_\_\_ Altered? Yes/no

Pertinent Medical History? \_\_\_\_\_ Pertinent Medical History? \_\_\_\_\_ Pertinent Medical History? \_\_\_\_\_

## How did you find out about our hospital?

- I was referred by \_\_\_\_\_.
- I saw your building and sign.
- I got your information from the phone book.  
white pages or yellow pages?
- I was able to get an appointment easily.
- I found you on an internet search.

## Why did you decide to come to our hospital?

- Based on the recommendation of a friend/relative.
- The hospital is close to my home.
- I spoke with a staff member that was friendly,  
knowledgeable and courteous.
- Your hours are convenient for my schedule.
- The hospital is easy to get to and nice once you're here.

**Please see reverse side for the White Oaks Veterinary Hospital Financial Policy**



## Financial Policy

Welcome to White Oaks Veterinary Hospital. We're so glad to see you. An important part of our mission is making the cost of optimal care as manageable for our clients as possible by offering the following payment options:

\*Cash/check

\*Visa/Mastercard/Discover

\*CareCredit

White Oaks Veterinary Hospital requires payment at the time that services are rendered. If you have any questions, please do not hesitate to ask. We are here to provide you with the best veterinary care available.

Please note the following:

If at any time a check is returned due to insufficient funds, White Oaks Veterinary Hospital reserves the right to limit future services to a cash or credit card basis only. Accounts with returned checks or outstanding balances will be subject to the procedures outlined in our credit and collection policy which will process the account through the District Magistrate's office.

White Oaks Veterinary Hospital reserves the right to refuse further services to any account with an outstanding balance.

I have read, understand, and agree to the White Oaks Veterinary Hospital financial policy.

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Signature

Date