

# WOODMOOR VETERINARY Hospital and Pet Lodge



## Client/Owner Information

<b>Last Name</b>		<b>First Name</b>	
<b>Spouse/Adult(s) in Household</b>			
<b>Address</b>			
<b>City</b>	<b>ST</b>	<b>ZIP</b>	
<b>Primary Phone</b>			
<b>Secondary Phone</b>			
<b>E-Mail</b> (for reminders, emergency recalls, outbreaks)			

## Emergency Contact & Phone Number

<b>Please circle if applicable:</b>	<b>Senior 65 + Or Military</b>
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## Patient Information

Tell us about your fur-baby. Bring all medical records and vaccine history for each pet.  
**Social Media Photo Authorization:** YES \_\_\_\_\_ NO \_\_\_\_\_

<b>Name:</b>	<b>Age/DOB</b>		
<b>Breed:</b>	<b>Color</b>		
<b>Dog</b> _____ <b>Cat</b> _____	<b>Sex</b>	<b>Neutered or Spayed</b>	

<b>Name:</b>	<b>Age/DOB</b>		
<b>Breed:</b>	<b>Color</b>		
<b>Dog</b> _____ <b>Cat</b> _____	<b>Sex</b>	<b>Neutered or Spayed</b>	

<b>Name:</b>	<b>Age/DOB</b>		
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<b>Name:</b>	<b>Age/DOB</b>		
<b>Breed:</b>	<b>Color</b>		
<b>Dog</b> _____ <b>Cat</b> _____	<b>Sex</b>	<b>Neutered or Spayed</b>	

## Previous Veterinary Hospital \_\_\_\_\_

I authorize Woodmoor Veterinary Hospital to contact my previous veterinarian listed above on my behalf for medical records. YES \_\_\_\_\_ NO \_\_\_\_\_

## How did you hear about us?

Client Referral	_____
Internet Search (Please Specify)	_____
Other (Please Specify)	_____

## Hospital Financial Policy

**All professional fees are due at the time that services are rendered!**

We accept the following methods of payment:

- Cash
- Visa/Mastercard/Discover/American Express
- Personal checks with valid Driver's License and current address
- Care Credit

## Authorization for Care

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care for and treatment of this animal(s). I also understand that these charges will be paid at the time of service or at the time of releasing my pet to me and that a **50%** deposit may be required for surgical or emergency treatment.

**Signature (Owner)** \_\_\_\_\_ **Date** \_\_\_\_\_

## Thank you for choosing Woodmoor Veterinary Hospital and Pet Lodge!

*Welcome, and thank you for choosing Woodmoor Veterinary Hospital and Pet Lodge. We are always striving to give the best care and service to our community. We appreciate your business and look forward to helping you give your pet the healthiest life possible.*

### **For Office Use Only:**

\_\_\_\_\_ Referral \_\_\_\_\_ Photo \_\_\_\_\_ Discount \_\_\_\_\_ Trupanion \_\_\_\_\_ Client ID #