



Woodmoor Veterinary Hospital & Pet Lodge

Client/Owner Information

Last Name		First Name	
Spouse/Adult(s) in Household			
Address			
City	ST	ZIP	
Primary Phone			
Secondary Phone			
E-Mail (for reminders, emergency recalls, outbreaks)			
Emergency Contact & Phone Number			
Please circle if applicable:		Senior 65 + Or	Military

Patient Information

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

Name:	Age/DOB		
Breed:	Color		
Dog____ Cat____	Sex	Neutered or Spayed	
Name:	Age/DOB		
Breed:	Color		
Dog____ Cat____	Sex	Neutered or Spayed	
Name:	Age/DOB		
Breed:	Color		
Dog____ Cat____	Sex	Neutered or Spayed	
Name:	Age/DOB		
Breed:	Color		
Dog____ Cat____	Sex	Neutered or Spayed	

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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*
- *Scratch Pay*

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:

_____Photo_____ Discount_____ Updated Address_____ All entered into Cornerstone