

# WOODLAKE VETERINARY HOSPITAL CLIENT INFORMATION

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

Email Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Name: Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: Mrs. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

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

## PET INFORMATION

Dog: \_\_\_\_\_ Cat: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: (circle) Intact Male Neutered Male Intact Female Spayed Female

How long have you had your pet? \_\_\_\_\_

Where did you obtain your pet? \_\_\_\_\_

Does your pet have any behavioral concerns we should be aware of? (i.e. resource guarding, food aggression,

biting or lunging?) \_\_\_\_\_

**Referred By:** 1) Yellow Pages 2) Sign/Walk in 3) Website or Internet 4) Humane Society 5) Employee  
6) Friend/Relative \_\_\_\_\_ 7) AAHA 8) Facebook or Twitter 9) Animal House Call Service

**FOR EVERYONE'S PROTECTION PLEASE KEEP YOUR DOG ON A LEASH AND YOUR CAT IN A CARRIER.**

**WE REQUIRE PAYMENT AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA/MASTER/DISCOVER CARDS, AND CARE CREDIT**