



# Animal Hospital of Woodstock

## Owner Information

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

How did you hear about our clinic?  Internet  Walk in/ Drive by  
 Referral/Friend  Other: \_\_\_\_\_

## Pet Information

Pet Name	Dog or Cat	DOB/ Age	Sex	Spayed/ Neutered	Breed	Color
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

I hereby authorize the Animal Hospital of Woodstock veterinarian(s) to examine, prescribe for and treat the above-described pet(s) and any future pets. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges are to be paid time of discharge and that a deposit may be required for necessary treatment and/or hospitalization.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

**Thank You for Choosing Animal Hospital of Woodstock**

11711 Catalpa Lane

Woodstock, Illinois 60098

Tel: (815) 337-2900 Fax: (815) 337-7173