



Woodstock Veterinary Clinic
691 Lake Ave.
Woodstock, IL 60098
815-338-0132
Fax 815-338-9981
Emai: woodstockvet@ameritech.net

New Patient Information

Thank you for giving Woodstock Veterinary Clinic the opportunity to care for your pet. We ask our new clients to please take a moment to pre-register prior to your first visit. Please complete this form and e-mail it or fax it to us before your scheduled appointment. This information will be used solely for the efficient care and treatment of your pet. Additional information may be requested when you arrive for your first appointment. We look forward to serving you.

Owners Name _____ **Spouse** _____
(Last name, first name) (Last name, first name)

Address _____ **City, State, Zip** _____

Home Phone _____ **Cell #** _____ **Work #** _____

Email Address _____

Place of Employment _____ **Title** _____

Spouse's Place of Employment _____ **Work #** _____

If necessary, may we call either of you at work? _____

Driver License # _____ **NECESSARY IF PRESENTING A CHECK FOR PAYMENT**

How did you become aware of our clinic? _____

Name of pet(s) _____ **Cat or dog** _____

Breed _____ **Color** _____

Age/Birthdate _____ **Spay/Neutered** _____

Microchipped _____ **Microchip Number** _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please feel free to discuss your pet's treatment recommendations with our staff members. We will be happy to prepare a written estimate if you desire.

We gladly accept the following payment options:

1. Cash
2. Personal Check
3. VISA/MasterCard/Discover/American Express
4. CareCredit—A type of Veterinary Credit Card. For more information regarding CareCredit please ask one of our staff members.

If you are 65 years or older discounts may apply, please inquire.

THANK YOU!

Client Signature _____ Date _____

Office use only _____

(Reviewed) _____