

# Woodstock Veterinary Clinic Client Information Form



Thank you for giving Woodstock Veterinary Clinic the opportunity to care for your pet. So that we may keep accurate records, please complete the following.

Owner(s) \_\_\_\_\_  
Last First Last (if not same as spouse/partner) First

Street Address \_\_\_\_\_ Town/State/Zip \_\_\_\_\_

PRIMARY phone number \_\_\_\_\_ this phone number belongs to: \_\_\_\_\_

SECONDARY phone number \_\_\_\_\_ this phone number belongs to: \_\_\_\_\_

Email address \_\_\_\_\_  
We do offer email options/reminders

Place of employment \_\_\_\_\_ Title \_\_\_\_\_

Work phone \_\_\_\_\_ If necessary, may we call you at work?  Yes  No

Spouse/partner's place of employment \_\_\_\_\_ Phone \_\_\_\_\_

How did you become aware of our hospital? \_\_\_\_\_

List any known drug allergies your pet(s) may have \_\_\_\_\_

Is your pet currently enrolled with a pet insurance policy? (circle) Yes / No

If yes, company name \_\_\_\_\_

## **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 treatment plan if you desire. Senior citizen discounts (65 or older) may apply, please inquire.

We accept the following payment options:

Cash / Visa / Mastercard / Discover / American Express / Personal check (with driver's license number)  
CareCredit...for more information regarding CareCredit, please ask one of our staff members.

I hereby consent and agree to the above outlined payment terms and will pay all financial obligations which I may incur while a client of Woodstock Veterinary Clinic.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I grant Woodstock veterinary Clinic permission to use photographs/videos of myself/family/pets (without my name) for any lawful purpose including publicity, illustration and Web content.(This allows us to post photos on Facebook and Instagram.)

Signature \_\_\_\_\_ Date \_\_\_\_\_