

Woodstock Veterinary Clinic Client information

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 _____

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 anyone in your household, human or pet/s, allergic to peanuts? Yes No

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

If yes, company name _____

Please indicate your preferred method of communication: (Circle) Primary phone number / Email

Senior citizen discounts (65 or older) may apply, please inquire. Date of birth if applicable: _____

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.

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 on Facebook and Instagram)

Signature _____ Date _____