

Woodland Veterinary Hospital Client Information Form

Last name _____ Home phone _____

Mailing address _____

City _____ State _____ Zip _____

First name _____

First name (Spouse) _____

Cell phone _____

Cell phone _____

Work phone _____

Work phone _____

Email _____

Email _____

**DL verified by Staff Member
entered/updated: _____**

How did you hear about us?

- Our Sign
- Convenient location
- Internet
- School/community activity
- Client referral
Name _____
- Other: please describe

You authorize your pets' photo to be used on Woodland Veterinary Hospital's website, social media site, and marketing materials.

Payment in full is expected when services are rendered. Our billing period ends on the last day of each month. If payment in full is not received by that time, a finance charge of 1.5% per month will be charged on the balance 30 days past due. The annual rate is computed at 18%.

Veterinary service is provided during the night-time hours as necessary in the judgment of the veterinarian in charge. Continuous presence of personnel may not be provided during these hours.

Your signature gives approval for whichever drugs, X-rays, surgery, etc., are needed in the normal course of treating your pet. You will be consulted if any extensive treatment is needed. In presenting this animal for treatment, you agree to pay for professional services rendered to the animal. If you are not the owner of the animal, you understand that you will be responsible for the payment if the owner refuses, declines, or is unable to pay.

Signature of owner/agent: _____ Date _____