



### CLIENT INFORMATION

Name \_\_\_\_\_ Co-Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Owner's Phone # \_\_\_\_\_

(We request your email for important reminders and communications from our clinic only)

Co-Owner's Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Preferred method of contact for reminders: ☐ email ☐ post

How did you hear about us? Facebook ☐ Business review site ☐ Clinic sign ☐ Yellow Pages ☐ Client ☐

Whom may we thank for the referral? \_\_\_\_\_

PATIENT INFORMATION	PET #1	PET #2	PET #3
Name			
Breed			
Date of Birth or Age			
Male or Female?			
Spayed or Neutered?			
Has your pet ever had a reaction to vaccines? If yes, please note.			
Has your pet ever had a reaction to medications? If yes, please note.			
Is your pet on any special diets or medications? If yes, please list.			
Has your pet had any previous surgeries or illnesses? Please explain.			
Does your pet have any behavior issues/ special concerns we should know about?			
Is your pet on heartworm preventative? What product?			
Is your pet microchipped?			

# PAYMENT POLICY

**Payment is required at the time services are rendered.**

Please consult with your doctor or technician if you would like an estimate of your pet's treatment plan before we proceed with patient care.

We require payment be made in full at the conclusion of your visit. We are unable to offer payment plans or leave balances on accounts. Acceptable forms of payment include cash, personal check\*, VISA, Master Card, Discover, American Express and Care Credit\*\*.

**\*We are unable to accept personal checks from new clients until after the third visit. Checks are only accepted with proper identification. As per state law, we are unable to hold or accept post-dated checks.**

There is a \$30.00 fee for all returned checks.

\*\*Care Credit allows us to offer you 6-month, no-interest payment plans for most of our services and products. Minimum monthly payments and other terms and restrictions apply. You may visit Care Credit's website at [www.carecredit.com](http://www.carecredit.com) for more information and to submit an application. Our receptionist can also assist you with the application process.

**If you have any questions, please see the receptionist.**

I have read the above information and fully understand and will comply with the payment policy of West Ashley and Northwoods Veterinary Clinics.

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CLIENT SIGNATURE

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DATE

## **PERMISSION FOR RELEASE OF MEDICAL RECORDS/PHOTOS**

In order to protect your privacy, we require written permission in the form of your signature to release your pet's medical records to any other facility, including boarding facilities and other veterinary clinics. We ask that you sign below authorizing the release of these records in the event that you choose to take your pet to any other facility.

**I authorize the release of copies or summaries of the medical records of my pet(s) to other veterinary clinics or boarding facilities when requested. I authorize the use of photographs of my pet(s) for identification purposes as well as for use on our clinics' websites and Facebook pages.**

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CLIENT SIGNATURE

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DATE