

Westuck Veterinary Hospital, inc.

Client Information Sheet

File Number _____

Last Name: _____, First Name: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____, Zip: _____

Street Address (if different): _____ City: _____, Zip: _____

Place of Employment: _____ Work Phone: _____

Driver's License Number: _____ Social Security# _____ - _____ - _____ D.O.B ____/____/____

Spouse's Name: _____ Spouse's Phone: _____

Spouse's Place of Employment: _____ Work Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Email Address: _____

Please list the names of your current pets: _____

Have you ever had a pet treated at Westuck before? _____ If so, how long ago? _____

If this is your first visit, why did you select us? Please choose one of the following.....

Phone: () The Real Yellow pages () Yellow Book **Internet:** () The Real Yellow pages () Yellow book

() Location () Referral **Other:** _____

If this is a **referral**, whom may we thank? _____

ALL FEES ARE DUE AS SERVICES ARE RENDERED.

A DEPOSIT WILL BE REQUIRED FOR HOSPITALIZED PETS OR EXTENDED BOARDING.

I acknowledge that if the balance is left unpaid after 90 days that I will be responsible for all costs incurred in the collection process, including collection agency fees, court costs and/or any reasonable attorney's fees.

PLEASE INDICATE BELOW, WHICH METHOD OF PAYMENT YOU PREFER.

() CASH () CHECK () CREDIT CARD

Signature: _____ Today's Date: ____/____/____

Thank you for this opportunity to serve you.

We look forward to a long and healthy relationship with you and your pet(s).