

**Woodhaven Veterinary Clinic  
Let's Get Acquainted**



**CLIENT INFORMATION**

Owner:	<b>Primary Phone:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home
Address:	<b>Secondary Phone:</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home
City/State/Zip:	Place of Employment:
Email Address:	Work Phone:
Co-Owner:	Co-Owner's Cell Phone:
Co-Owner Place of Employment:	Co-Owner's Work Phone:
Person Authorized to make Medical Care Decisions on my behalf (Other than above named):	Phone:

<b>How did you choose our clinic?</b>	
<input type="checkbox"/> Clinic Sign	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Referred by friend – Name: _____	<input type="checkbox"/> Internet / Website: _____
<input type="checkbox"/> Are you a previous client?	<input type="checkbox"/> Other: _____

**PATIENT INFORMATION**

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <b>Date of Birth:</b>	<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> Intact
Breed:	Color / Markings:

Photo/Story Release: We often see interesting cases and adorable patients, which we would love to share with our community of clients. I hereby authorize Woodhaven to document my pet's care and potentially share a photo and/or story online or in print.

**Payment Policy: Full Payment is required at time of service. We accept the following forms of payment:**

Cash, Check, Visa , Mastercard, Discover

**By signing, I accept responsibility for any and all charges related to my pet's care. I also agree to pay any collection and/or attorney fees that should arise from non-payment.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Owner's Representative

**Thank You for choosing Woodhaven!**