



**Woodland**  
Veterinary Center

## Client-Patient Information Form

Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a few moments to **complete each** of the information sheets.

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

Owner's Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Co-Owner's Contact Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Co-Owner's Work Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Employer: \_\_\_\_\_ Co-Owner's Employer: \_\_\_\_\_

Preferred Method of Contact:

- Cell Phone
- Home Phone
- Work Phone
- Email
- Text

How did you first hear of our hospital?

- Personal Recommendation (whom may we thank?): \_\_\_\_\_
- Our Website
- Drove by/ Sign
- Previous Client
- Google
- Facebook
- Yelp
- Another Business: \_\_\_\_\_
- Other: \_\_\_\_\_



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**Animal Information/Medical History**

	Pet 1	Pet 2	Pet 3
Name:			
Species: Feline (cat) Canine (dog) Exotic			
Breed (type):			
Color:			
Date of Birth:			
Sex:	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/>
Prior Illness:			
Prior surgery not including altering:			
Date of last Vaccines & Clinic done at:			
Pet Insurance Company:			

**Notification/ Agreement**

To prevent the spread of infectious diseases and parasites, hospitalized and medical boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the Woodland Veterinary Center to provide vaccines and parasite control as needed for my pet. I am financially responsible for the patient(s) described above and agree to pay all fees incurred. I understand that any medical or surgical procedure is attended by some risk and that it is not possible to guarantee that successful outcome of any such procedure. This agreement is in force indefinitely from this date unless notify Woodland Veterinary Center in writing on the contrary.



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**Authorization for Release of Medical Records.**

I authorize the Woodland Veterinary Center to acquire any and all medical or surgical records from my previous veterinarian and /or send such information to any veterinarian and/or pet boarding/ grooming facility as requested by us or them.

**Appointment Cancellation/ Late & Reschedule Policy Agreement**

Woodland Veterinary Center is committed to providing all of our patients with exceptional care. When a patient cancels without giving enough notice, they prevent another patient from being seen.

If you need to reschedule an appointment, please give our office a call at 219-879-0249 the day prior to your scheduled appointment to notify us of any changes or cancellations. If after 2

missed/canceled appointments, you will be charged a deposit before scheduling another appointment. If you miss/cancel that appointment your deposit will be forfeited and another deposit will be required to schedule another appointment.

If you are more than 10 minutes late to your scheduled appointment you may be asked to reschedule the appointment, or you will be seen as a work-in (work in can mean anytime from your original appointment to the time we close) and be charged a work-in fee.

**PHOTO CONSENT**

I grant to Woodland Veterinary Center, its representatives and employees the right to take photographs of me/ or my pet, and to copyright, use and publish the same in print and or electronically. I agree that Woodland Veterinary Center may use such photographs of me and or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- I **GIVE** permission to the Woodland Veterinary Center to use photos of me and or my pet
- I **DO NOT** permission to the Woodland Veterinary Center to use photos of me and or my pet



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**PAYMENT INFORMATION**

- Payment is due **in full** at the time services are rendered
- This office does **NOT** do any billing, we do **NOT** offer payment plans
- A **service charge of 3%** will be applied to all card purchases

**We accept the following forms of payment:**

- Visa
- MasterCard
- Discover
- American Express
- Care Credit
- Cash
- Scratchpay
- All Pet Card

We accept personal checks with a valid Driver's License or Social Security Number. There is a \$25 fee for all returned checks.

Please print and sign below that you are taking responsibility for full payment of treatment and services for the pets you are bringing into Woodland Veterinary Center, at the time they are treated. If you are not the individual who is financially responsible for these pets, by signing this form you are stating that you have made prior arrangements with the individual who is. I agree to absolve, veterinarian, and staff employed by the practice of any financial consequences that may occur between you and the other individual you have made prior arrangements with.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



## One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize Woodland Veterinary Center to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_ authorize Woodland Veterinary Center to charge my credit  
(Cardholder's Full Name)  
card account indicated below for **\$73.41** on \_\_\_\_\_.  
(Date)

This payment is for **Non-refundable First visit Examination**

### Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Driver's License Number \_\_\_\_\_

### Card Details

Visa  MasterCard  Discover  American Express

Cardholder Name: \_\_\_\_\_ Account/CC Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the Woodland Veterinary Center to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_