



New Client Registration

Date: _____ Client Name: _____

Address: _____ City _____ State _____ Zip _____

Home Telephone Number: _____ Work/Cell _____

E-Mail Address: _____ Spouse _____

How Did You Hear About Us? _____

Emergency Contacts: _____ Phone Number: _____

About Your Pet(s):

1. Name: _____ Dog _____ Cat _____ Breed: _____ Age: _____

Neutered _____ Spayed _____ Don't Know _____ Color: _____

2. Name: _____ Dog _____ Cat _____ Breed: _____ Age: _____

Neutered _____ Spayed _____ Don't Know _____ Color: _____

3. Name: _____ Dog _____ Cat _____ Breed: _____ Age: _____

Neutered _____ Spayed _____ Don't Know _____ Color: _____

Has your pet(s) been treated for any illnesses in the last year? If so, please explain: _____

Has your pet been seen by another Veterinarian for vaccinations or other services? If yes, please explain _____

A Word About Us: We thank you for trusting us to care for your pet(s). Woodland Animal Hospital is a full-service facility that offers a wide range of services for your needs. Here is just an example of the services we provide:

- Breeding Programs
- Surgical Procedures
- Dental Care
- Senior Wellness Programs
- Behavioral Consultation
- Ultrasound Technology
- Professional & Economical Veterinary Care
- Prescription Diet Plans
- House Calls
- Self-Service Pet Wash
- Pet Boutique On Site
- Boarding
- Grooming
- In-house Dog Training



Please read carefully: In order to control the rising cost of Veterinary care, we do not allow any billing or payment plans. What we do accept is cash, money orders, personal checks, Visa/MasterCard and Discover Card. Personal checks are verified through our check guarantee program and all returned checks are subject to a \$30 NSF Fee. A copy of your State Drivers License will be required for us to accept a personal check from you.

Please sign below: I assume responsibility for all charges incurred in the care of my pet(s). I understand that all persons on the check are equally responsible for the fees incurred for an NSF checks and any collection fees associated with the collection of said fees. If I do not pay my balance in full, I understand that I am responsible for all statement fees, finance charges and attorney/collection fees. I also understand that if a NSF check is not paid back quickly, my check and personal information will be given to the Hamilton County Prosecutors Office attn: Bad Check Division.

Owner/Responsible Party_____
Date_____
Drivers License Number_____
Exp. Date