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NEW CLIENT / PET INFORMATION FORM

Willowbrook Veterinary Hospital 11545 SW Durham Road, Tigard, Oregon 97224 (503) 968-2911

CLIENT INFORMATION:

LAST NAME: _____ **YOUR FIRST NAME:** _____

STREET ADDRESS & CITY: _____ **ZIP:** _____

PRIMARY PHONE: cell home _____ **SECONDARY PHONE:** cell other _____

May we contact you via text message (SMS)? YES NO

May we contact you at work? YES NO **WORK PHONE:** _____ **EXT** _____

EMAIL: (please print clearly) _____

What is your preferred way of being contacted? Phone Text Message Email

Who else is authorized to make decisions about your pet's healthcare? (name): _____

THEIR HOME PHONE: _____ **THEIR CELL/WORK PHONE:** _____

How did you find out about our hospital? _____

Who should thank for their referral? (name): _____

PET INFORMATION:

PET'S NAME: _____ **DATE/YEAR BORN:** _____

SPECIES: Dog Cat Other _____ **Breed:** _____

SEX: MALE FEMALE **Has your pet been spayed / neutered?** YES NO

COLORS & IDENTIFYING MARKINGS: _____

Does your pet have a microchip identification? YES NO

In the last 12 months, has your Pet had:

A complete physical examination? YES NO

Regular vaccinations? YES NO

Do you have health insurance for your Pet? YES NO

Willowbrook Veterinary Hospital advocates the use of Pet health insurance. We can assist you with preparing, filing and sending claim forms in order to expedite your reimbursement.

FINANCIAL POLICY: Payment is due in full at the time that services are performed. If being admitted into the hospital, we cannot begin the care of your Pet until you have confirmed your desire to do so by 1) signing the client consent & estimate form, and 2) leaving an initial deposit of 50% of the upper end of the estimate. This is the only way that we have of knowing for certain that you want us to proceed with the care of your Pet. We accept cash, Visa, Mastercard, American Express, Discover, and Care Credit payments. We do not accept checks unless prior arrangements are made with the hospital manager and/or owner. There is a \$50 fee for checks that are drawn against an account with insufficient funds. We neither extend credit, nor bill for services. All open invoices are sent to collections after 45 days unless prior arrangements are made. Your signature in the following space will indicate that you have read and accepted our financial policy:

Sign here: _____ Date: _____