

WOODLAND VETERINARY HOSPITAL

CLIENT REGISTRATION

Your Name: _____

Street Address: _____

City & State: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Place of Employment & Address: _____

Work Phone: _____

E-mail Address: _____

(By adding your e-mail, you can set up appointments and Rx refills through Pet Portals)

Fees for all services are due at the time services are rendered. Personal checks are accepted with ID and when approved by Certegy. Visa, MasterCard, Discover, Care Credit, and cash are also acceptable forms of payment. We do not offer in-house payment plans, but you may inquire about Care Credit, a no-interest financing option. We are also happy to provide printed estimates upon request of diagnosis.

Emergency Contact Name: _____ **Cell Phone:** _____

Relationship to you: _____ **Place of Employment:** _____

Home Phone: _____ **Work Phone:** _____

How did you hear about us?

- Website
- Friend referred me (whom may we thank?) _____
- Yellow Pages
- Saw Hospital as I drove by
- SPCA referral
- Heritage Humane Society referral
- Other: _____

Signature: _____ **Date:** _____