

WOODLAND VETERINARY HOSPITAL

CLIENT REGISTRATION

Your Name: _____

Street Address: _____

City & State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Place of Employment & Address: _____

Work Phone: _____

Email address: _____

(By adding your email, you can set up appointments and Rx refills online)

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: _____