

Woodbine Animal Clinic

Client and Pet Registration

Clinic Use Only

Client # _____

Patient # _____

Client / Owner Information

Date _____

Last Name _____ First Name _____

Address _____ Phone _____

City _____ State _____ Zip _____ Cell _____

Spouse/Co-Owner Name _____ Phone _____

Employer _____ Work Phone _____

Alt. Emergency Contact _____ Phone _____

Pref. contact for reminders: Voice Text Mail Email _____

DL# (for check writing) _____ DOB _____ SS# _____

How did you learn of our clinic?

Sign or Drive by Internet Phone Book Recommendation Other _____

If recommended, who can we thank? _____

Pet Information

Name _____ Dog Cat Bird Reptile Other _____

Male Female

Neutered or Spayed Yes No

Previous Vet _____

Breed _____ Color _____ Age or DOB _____

Previous Vaccinations _____

Current Medications _____

Is your pet currently on: Heartworm Prevention _____ Flea Prevention _____

Any known allergies? _____

Any previous surgeries? _____

Any diagnosed illnesses or injuries? _____

Please check any symptoms or problems you have noticed about your pet:

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Nasal Discharge | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Limping | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Bleeding gums |
| <input type="checkbox"/> Change in Appetite | <input type="checkbox"/> Weakness | <input type="checkbox"/> Pawing at Ears | <input type="checkbox"/> Increased Drinking |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Depression | <input type="checkbox"/> Scratching | <input type="checkbox"/> Increased Urine |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Breathing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Eyes Bloodshot or Bulging |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | |

Authorization: I am the owner/authorized agent for the animal named above, and **I am 18 years or older**. I give permission to Woodbine Animal Clinic to examine and treat my pet as I have requested. I understand that medical therapy of any kind involves some risk to my pet, including but not limited to adverse drug reactions, and agree to hold the hospital and its employees harmless in the absence of negligence, in connection with these procedures. I acknowledge that not guarantee or assurance has been made to me as to the results that may be obtained. In the event of an emergency I understand that life saving measures will be initiated while an attempt is made to contact me. If I cannot be contacted at the listed numbers, the doctors and staff are directed to make decisions deemed best for my pet. **I understand that payment is due when services are rendered and I agree to pay for those services rendered.** I understand that interest will accrue on any balance outstanding of 30 days at a rate of 1.5% per month (18% APR) and a \$3.00 handling fee will be assessed on each monthly statement. I agree to pay for those and any additional cost incurred by the clinic in the collection of any outstanding debt for services rendered.

Pets owners and their pets are often photographed for use in promotional materials, social media or publicity efforts. These photographs may be used in a publication, print ad, direct mail piece or other form of promotion. By selecting yes you release Woodbine Animal Clinic and all employees from liability for any violation of any personal or proprietary right in connection with such use.

Please Initial _____ YES _____ NO

I have read and understand the foregoing and agree.

Signature

Date