West Ashley
Veterinary Clinic

For Office Use
Account #: ________________

———Client Information———

Name______________________________ **Spouse's Name** __________________________________

Address __________________________________ **City** ________________ **State** ____ **Zip** ________

Home Phone __________________ **Cell** __________________ **Spouse's phone** __________________

Place of Employment ________________________________**Work phone** ____________________

*****If you intend to use a check as your form of payment today, please be prepared to provide your driver's license or other valid form of photo identification. We will not be able to accept a check without this proof of identity.*****

Please provide email address for important reminders: ____________________________________

Who may we thank for referring you? __________________________

———Patient Information———

	Pet #1	Pet #2	Pet #3
Name			
Breed			
DOB/Age			
Color			
Sex? Spayed or neutered?			
On heartworm prevention? Type?			
Microchipped?			
Dog vaccine history (please enter date of last vaccine)			
Rabies			
Distemper/Lepto/Parvo Combo			
Kennel Cough Vaccine			
Heartworm Test			
Other			
Cat vaccine history (please enter date of last vaccine)			
Rabies			
Feline Distemper			
Feline Leukemia vaccine			
Leukemia test			
Other			

Please note any pertinent information about your pet, such as any previous illnesses or surgeries, current medications or special diets, and any allergies to vaccines or medications:

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PAYMENT POLICY

Please read the following carefully and sign below.

1. **We require that your payment be made in full at the conclusion of your visit. We are unable to offer payment plans or leave balances on any accounts. Acceptable forms of payment include cash, personal check, Visa, Mastercard, and Discover.**

2. **Personal checks will only be accepted with valid proof of identification.**

3. **We do offer financing through Care Credit, which can be used here as well as many other participating veterinary hospitals and medical care facilities. With approved credit, Care Credit may be able to offer you payment plans with little or no interest options to help you pay for the care your pet receives. For further details and/or an application, please see the receptionist or any member of our staff.**

4. **There is a $30 fee for all returned checks.**

If you have any questions or concerns, please see the receptionist.

I have read the above information and fully understand and will comply with the payment policy of Northwoods and West Ashley Veterinary Clinics.

______________________________ ______________

Client signature **Date**

PERMISSION FOR RELEASE OF MEDICAL RECORDS

In order to protect your privacy, we require written permission in the form of your signature in order to release your pet's medical records to any other facility, including boarding kennels and other veterinary clinics. We ask that you sign below authorizing the release of these records in the event that you choose to take your pet to any other facility.

I authorize the release of copies or summaries of the medical records of my pet(s) to other veterinary or boarding facilities when requested.

______________________________ ______________

Client signature **Date**