



## Welcome to Woodlake Animal Hospital

### Client Information

Your Name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Preferred Form(s) of Contact:** Phone  E-mail  Text

Employer: \_\_\_\_\_

Spouse's Phone: ( ) \_\_\_\_\_

Alternate Contact (In case of emergency) \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Whom may we thank for referring you?** \_\_\_\_\_

### Pet Information

Pet#1: Pet's Name \_\_\_\_\_  Dog  Cat  Other

Age/Birthdate \_\_\_\_\_ Sex:  Male  Female  Spayed  Neutered Color \_\_\_\_\_

Weight \_\_\_\_\_ lbs Breed \_\_\_\_\_ Known Allergies \_\_\_\_\_

Pet#2: Pet's Name \_\_\_\_\_  Dog  Cat  Other

Age/Birthdate \_\_\_\_\_ Sex:  Male  Female  Spayed  Neutered Color \_\_\_\_\_

Weight \_\_\_\_\_ lbs Breed \_\_\_\_\_ Known Allergies \_\_\_\_\_

Pet#3: Pet's Name \_\_\_\_\_  Dog  Cat  Other

Age/Birthdate \_\_\_\_\_ Sex:  Male  Female  Spayed  Neutered Color \_\_\_\_\_

Weight \_\_\_\_\_ lbs Breed \_\_\_\_\_ Known Allergies \_\_\_\_\_

Pet#4: Pet's Name \_\_\_\_\_  Dog  Cat  Other

Age/Birthdate \_\_\_\_\_ Sex:  Male  Female  Spayed  Neutered Color \_\_\_\_\_

Weight \_\_\_\_\_ lbs Breed \_\_\_\_\_ Known Allergies \_\_\_\_\_

Pet#5: Pet's Name \_\_\_\_\_  Dog  Cat  Other

Age/Birthdate \_\_\_\_\_ Sex:  Male  Female  Spayed  Neutered Color \_\_\_\_\_

Weight \_\_\_\_\_ lbs Breed \_\_\_\_\_ Known Allergies \_\_\_\_\_

Please ask our staff for addition patient forms for any additional pets.

## HOSPITAL POLICIES

We routinely prepare a written estimate. All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge we accept MasterCard, Visa or American Express. We do not accept checks.

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. I also understand I will be responsible for additional collection fees if unpaid account is sent to collection agency.

**I fully understand that this means no continuous medical staff care will be given at any hours not listed above.**

SIGNATURE OF CLIENT RESPONSIBLE FOR PET(S): \_\_\_\_\_

### **Consent to Email or Text Usage for Appointment Reminders and Other Healthcare Communications:**

Clients in our practice may be contacted via email and/or text messaging to remind you of an appointment(s), to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information.

If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information at that email or text address from the Practice. \_\_\_\_ (Client Initials)

I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change. The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is\_\_\_\_\_.

The email that I authorize to receive email messages for appointment reminders and general health reminders/feedback/information is\_\_\_\_\_.

**The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing, plans, and details).**

# Woodlake Animal Hospital Payment Policy

## **Payment:**

Payment for office visits, procedures, and products is due in full, at the time services are rendered. Our staff is available to discuss our payment policy and your account at the time of the visit. As we do not offer bill options or payment plans

We accept Cash, Care Credit, and all major Credit/Debit Cards.

We do not accept Checks.

## **Appointments:**

To meet the needs of all our clients, we see our patients by appointment only. We understand that from time to time, appointments may need to be changed or cancelled. We request that appointments be cancelled as soon as possible prior to the appointment time. Appointments that are not kept, and are not cancelled, significantly add to the cost of medical care. Therefore, if you do not cancel an appointment, we must charge you for the visit. The charge will be based on the appointment reason, and the time that was reserved for this appointment.

## **Statements:**

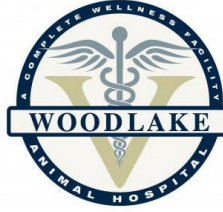
Statements are mailed out on all outstanding balances each month and are due in full upon receipt. We reserve the right to impose a finance charge on all past due accounts. A billing fee of \$5.00 will be added to the account balance upon the first statement being sent. For each additional monthly statement that is mailed out, a 1 ½ % finance charge will be imposed on all accounts.

If my account becomes past due, and I have not contacted the office with a payment arrangement, the account may be forwarded to an attorney for collection. I will then become responsible for reasonable attorney's fees and court costs involved in the collection of past due accounts. Should this occur, I agree to pay all attorney or collection agency fees (not to exceed 40%), and all court costs incurred by Woodlake Animal Hospital.

I, the undersigned, agree to accept full financial responsibility for service rendered by Woodlake Animal Hospital. I agree to abide by the conditions outlined in this payment policy.

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_



### **Hospital Disclosure of Hours**

I am aware that Woodlake Animal Hospital does not provide 24-hour medical/patient care and that the staffing hours are as follows:

- ❖ Monday, Tuesday, and Friday from 7:30 am – 6:00 pm
- ❖ Wednesday from 7:30 am – 7:00 pm
- ❖ The FIRST TWO Saturday of the month, only, from 8:00 am – 12:00 pm
- ❖ Closed ALL, but the FIRST TWO Saturdays of each month
- ❖ Closed on Sundays

Patient that are dropped off for treatment/surgeries are required to be picked up prior to the close of day. If a patient requires overnight treatment or monitoring, they will be transferred to a 24-hour veterinary facility.

When the medical staff are not on site, we refer our clients to Animal Medical Center (Deer Run) or Veterinary Emergency & Specialty Center (VESC – South)

**I understand that continuous medical care is not provided by medical staff in the hours outside of those listed above.**

Signature (client/responsible party): \_\_\_\_\_