



## CLIENT INFORMATION SHEET

**Areas highlighted are required to have on file.**

Please take a few minutes to fill out this form as completely as you can. If you have any questions, we will be glad to help you. We look forward to working with you in maintaining your pet's health. Thank you.

Guarantor Name \_\_\_\_\_ Guarantor DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial

Social Security # \_\_\_\_\_ AND Driver's License # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email (required) \_\_\_\_\_

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

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

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

### **IMPORTANT-Please read regarding PAYMENT and PERMISSIONS!**

All professional fees are due at the time services are rendered. We will gladly prepare a written estimate of fees if you desire (please ask our receptionist). In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept cash, credit cards, and Care Credit. **We do not offer any type of payment plans.** There will be service fees for returned checks and late payments. Balances due over 30 days will be turned over to a collection service and a finance fee plus interest will be added to the past due balance. Up to a 20% service and finance fee will be added to all bills monthly until the balance is paid in full. In the event the 20% service/finance fee is under \$50.00, we will add a \$50.00 service fee. **A credit card number must be left prior to any services being performed. All pets entering the hospital must be current on vaccinations and free from internal and external parasites.**

Your **signature** below **authorizes** this level of preventive care and appropriate charges assessed and you agree that you are the owner, responsible financial party, and authorized guardian of any pet that you request we provide veterinary care/services to. This **signature also authorizes** us to provide the medical and surgical care necessary for your animal and releases Ward Veterinary Services LLC and its members/employees from all liability from services and care provided. By signing this **you agree** to all terms you have read in this document, and you are giving us and/or our collection service permission to contact you by means of call, text, e-mail, and mail. In the event of an emergency, we will contact you; *If there is no answer, we will make the required necessary veterinary medical care decisions on your behalf to provide quality, humane care for your pet(s) in a timely manner.*

### **A credit/debit card must be kept on file for us to see your pet:**

Credit Card Number \_\_\_\_\_ Bank Name: \_\_\_\_\_

Exp Date \_\_\_\_\_ CVV Number \_\_\_\_\_ Zip \_\_\_\_\_

Printed Name: \_\_\_\_\_

*(as it appears on the Credit/Debit card)*

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

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

WVS Staff Witness: \_\_\_\_\_

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

**Pet Information**

**Pet #1's Name** \_\_\_\_\_ **Dog / Cat / Horse** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Sex:**      Male      Female      **Pet is Spayed/Neutered?**      Yes      No      if so when \_\_\_\_\_

**Color** \_\_\_\_\_ **DOB/Age** \_\_\_\_\_

Special Diet (if applicable) \_\_\_\_\_

Past Vaccinations? *If so when & where?* \_\_\_\_\_

Medical History/Illness \_\_\_\_\_

Allergies (*if applicable*) \_\_\_\_\_

Microchip # \_\_\_\_\_

**Pet #2's Name** \_\_\_\_\_ **Dog / Cat / Horse** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Sex:**      Male      Female      **Pet is Spayed/Neutered?**      Yes      No      if so when \_\_\_\_\_

**Color** \_\_\_\_\_ **DOB/Age** \_\_\_\_\_

Special Diet (if applicable) \_\_\_\_\_

Past Vaccinations? *If so when & where?* \_\_\_\_\_

Medical History/Illness \_\_\_\_\_

Allergies (*if applicable*) \_\_\_\_\_

Microchip # \_\_\_\_\_

**Owner/Authorized Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_