



Wheatfield Animal Hospital

3421 Niagara Falls Blvd Wheatfield, NY 14120

Visit our website www.wheatfieldanimalhospital.com

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email.wheatfieldanimalhosp@roadrunner.com

Like us on



PET/OWNER INFORMATION

Pet: _____ Owner: _____

For your pet's health and others in our care, we require all vaccines be current. Please provide records if given elsewhere.

GROOMING DESCRIPTION

Special Instructions: _____

Special considerations: _____

CONTACT INFORMATION

Phone: _____ Alternate Phone: _____

In the event of an emergency while your pet is being groomed and you cannot be reached, you authorize our Doctors and staff to perform medical and/or surgical procedures or treatments to preserve the life of your pet and accept financial responsibilities for such care until you can be reached. No guarantee of successful treatment is made.

Signature Owner/Agent: _____ Date: _____

Groomer will call the above number when your pet is ready to be picked up. Most grooms typically take 3-4 hours to complete. If you need pet before a certain time please indicate when: _____

Estimated Total: _____

HOW DID YOU HEAR ABOUT US

Internet Drive by Phonebook Other: _____

Personal referral Whom may we thank: _____

SOCIAL MEDIA

Within the context of promoting our business and pet health, we would like to use images, videos and/or information about your pet. Do you wish your pet to participate on our social media sites? Yes No

PAYMENT POLICY

We accept cash, check(with photo ID), MasterCard/VISA/Discover(with photo ID) and Care Credit. Payment is expected when pet is picked up. We will gladly prepare you a written estimate of services if you desire. In the case of non-payment, a finance charge or interest fees and collections fees will apply.