




# Wheatfield Animal Hospital

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email.wheatfieldanimalhosp@roadrunner.com

Visit our website [www.wheatfieldanimalhospital.com](http://www.wheatfieldanimalhospital.com)

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## CLIENT INFORMATION

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Preferred method of contact? Home/Cell/Work: \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Date Of Birth/Age: \_\_\_\_\_ Sex: M F Spayed Neutered  
Has your pet been to another veterinarian? Yes No  
Name of Veterinarian or Hospital: \_\_\_\_\_  
What medications or supplements is your pet receiving? \_\_\_\_\_  
\_\_\_\_\_  
What previous medical condition(s) does your pet have? \_\_\_\_\_  
What flea, tick and heartworm preventives is your pet receiving? \_\_\_\_\_  
\_\_\_\_\_  
Do you use pet insurance? Yes No

## HOW DID YOU HEAR ABOUT US

Internet Drive By Phone Book Other: \_\_\_\_\_  
Personal Referral: Who may we thank: \_\_\_\_\_

## SOCIAL MEDIA

Within the context of promoting 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, checks(with photo ID), MasterCard/VISA/Discover(with photo ID) and Care Credit. Payment is expected when services are rendered. We will gladly prepare you a written estimate of services prior to the treatment of your pet if you desire.

I realize and understand that I am financially responsible for the care and treatment of my pet. I further agree that in the case of non-payment, a finance charge or interest fees and collections fees will apply.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_