


VETERINARY  CLINIC, Ltd

WOODLAND

Where Excellent Health Care and Responsible Pet Ownership Go Hand-in-Hand

CLIENT INFORMATION

Name _____ Spouse/Significant Other _____
 Address _____ City _____ State _____ Zip _____
Phone(s) _____ Work Phone _____
 Employer _____ Can you be called at work? Yes No
 Email Address _____

In case of an emergency **for you**, while at Woodland Veterinary Clinic, Ltd., whom should we contact?
 Name _____ Phone Number _____

Payment is expected at the time services/inventory is received. IF this becomes a problem, please let our receptionist know before your pet's appointment.

My usual form of payment will be (please circle): Cash Check M/C Visa Discover

Signature of client responsible for pet(s): _____

****Please bring a copy of your
pet's medical records to your first visit****

	<i>Pet #1</i>	<i>Pet #2</i>
Name		
Breed		
Date of Birth		
Color		
Sex (Male, Neutered Male, Female, Spayed Female)		
<i>Your DOG'S Medical History (Dates):</i>		
Current Medication		
Prior Illness/Condition		
Prior Surgery		
<i>Your CAT'S Medical History (Dates):</i>		
Current Medication		
Prior Illness/Condition		
Prior Surgery		

Our pet(s) is for: Companionhip Show Breeding Protection Hunting Other _____
 What brand of pet food does your pet eat? _____
 Any allergies to vaccinations or medications? _____

I grant Woodland Veterinary Clinic, Ltd. permission to use photos of my pet on its social media platforms.