

**Where did you find our phone number?**

- Yellow pages / Yellowbook**     **Veterinarian** \_\_\_\_\_     **Breeder** \_\_\_\_\_
- Website / Internet Search**     **Client** \_\_\_\_\_     **Rescue** \_\_\_\_\_
- Advertising / Promo**



*Caring For Pets*

**Owner's Information (Please Print):**

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

Name \_\_\_\_\_ Last 4 of SS #: \_\_\_\_\_ DOB : \_\_\_\_\_ (Must be 18 or older)

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_

For Office Use Only
Day _____
Time _____ am/pm

**Co-Owner's Information (Please Print):**

Name \_\_\_\_\_ Last 4 of SS #: \_\_\_\_\_ DOB : \_\_\_\_\_ (Must be 18 or older)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_

May we update you via text regarding your pet?    Yes    No    Cell Number: \_\_\_\_\_

We would not be texting with promotions or reminders. We simply would like to provide you with peace of mind should your pet require a stay with us.

**Do you have pet health insurance? Y   N    If yes, which insurance company? \_\_\_\_\_**

I, the undersigned owner, agent of the owner, or Good Samaritan responsible for seeking veterinary care for my pets understand that an estimate of the costs for veterinary services will be provided to me if I so request and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment. I agree to assume financial responsibility for veterinary fees and will provide payment via cash, credit card or check at the time of services. I agree to pay a monthly billing and financing fee equal to 1.5% of any unpaid balance. There is a \$25.00 fee on all returned checks. I understand that should my balance not be paid within 90 days my account will be turned over to a collection agency and I am responsible for all processing fees incurred during the collection of the unpaid balance. Unless otherwise noted the financially responsible party is the owner as listed above. It will also be assumed that the owner listed above will take financial responsibility once a contract with a rescue group or breeder expires. The expiration date of the contract with said breeder/rescue group is between the group and said owner. Any questions concerning who should be billed is to be handled by me, the owner and the group in question

**I certify all the above information to be true**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please provide a copy of your photo identification*

***Welcome to Webster Groves Animal Hospital. Thank you for entrusting us with your pets***

Please see reverse side to add your pets' information.

**Please Complete the Following Information About Your Pets**

Pet # 1 Is this pet here today? Y N

1. Name \_\_\_\_\_

Species: Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_

DOB/Approx Age \_\_\_\_\_

Color/Markings \_\_\_\_\_

Microchip/Tattoo ID \_\_\_\_\_

Pet # 2 Is this pet here today? Y N

2. Name \_\_\_\_\_

Species: Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_

DOB/Approx Age \_\_\_\_\_

Color/Markings \_\_\_\_\_

Microchip/Tattoo ID \_\_\_\_\_

Pet # 3 Is this pet here today? Y N

3. Name \_\_\_\_\_

Species: Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_

DOB/Approx Age \_\_\_\_\_

Color/Markings \_\_\_\_\_

Microchip/Tattoo ID \_\_\_\_\_

Pet # 4 Is this pet here today? Y N

4. Name \_\_\_\_\_

Species: Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_

DOB/Approx Age \_\_\_\_\_

Color/Markings \_\_\_\_\_

Microchip/Tattoo ID \_\_\_\_\_