

## **VCA Woodstock Veterinary Clinic Client Information Form**

Thank you for giving VCA Woodstock Veterinary Clinic the opportunity to care for your pet. So that we may keep accurate records, please complete the following.

Owner(s)			
Last	First	Last (if not same as spouse/ partner)	First
Street Address		Town/State/Zip	<del></del>
PRIMARY phone number		this phone number belongs to:	
SEONDARY phone number		this phone number belongs to:	
Email address			
Place of employment		Title	
Work phone		If necessary, may we call you at work? Yes	No
Spouse/partner's place of employment		Phone	
How did you become aware of	our hospital		
List any known drug allergies yo	our pet(s) may ha	ave	
Is your pet currently enrolled wi	th a pet insuranc	e policy? (circle) Yes / No	
If yes, company name			
*Please indicate your preferre	ed method of co	ommunication: (Circle) Primary phone number / E	Email
*Senior citizen discounts (65	or older) may a	pply, please inquire. Date of birth if applicable: _	
**ALL FEES ARE DUE AT THI	E TIME SERVICE	ES ARE RENDERED**	
Please feel free to discuss your written treatment plan if you des	•	recommendations with our staff members. We will be	e happy to prepare a
	over / American E	Express / Personal check (with driver's license numberedit, please ask one of our staff members	er)
I hereby consent and agree to t while a client of VCA Woodstoo		d payment terms and will pay all financial obligations ic.	which I may incur
Signature	Date		
		sion to use photographs/videos of myself/family/pets ation and Web content. (This allows us to post on Fac	
Signature		Date	

For information on how we collect and use information about you and your pet, and how you may opt-out of some uses, please see our Privacy Policy at vcahospitals.com/privacy-policy.