INITIAL VISIT RECORD (Print Please)

DATE _____

Welcome to **WEST SIDE PET HOSPITAL & PAW'S INN**

Do you have a Doctor preference? If so, what Dr._____

Client Information:

Circle one: Ms. Mrs. Miss Mr.

_____ _____

Owner's Name Spouse's Name (or Other Owner)

_____

Address City State Zip Code

_____ _____ _____

Your home phone number Your cell phone number Spouse's cell phone number

_____ _____ _____

Your place of employment Your work number Ok to call Y N

_____ _____ _____

Your spouse's place of employment Spouse's work number Ok to call Y N

Patient Information:

Pet's Name:_____ Dog ☐ Cat ☐ Other ☐_____

Color: _____ Breed: _____

Circle: Male Neutered Female Spayed Age of your pet:____ or Date of Birth:_____

Reason you are here today: _____

_____

Email Address: _____

(By providing your email address you will have access to our Pet Portal & will receive your reminders via email)

How did your hear about our hospital?

Please circle one: Yellow Pages Location Website Facebook Other_____

Referral by _____

(OVER)

West Side Pet Hospital & Paw's Inn's standards are to provide up-to-date quality care for your pets. We always try to provide you with recommendations for the best care of your pet. Of course, we also attempt to provide alternatives when financial restrictions need to be considered.

The fee structure West Side Pet Hospital & Paw's Inn has in place is based on the financial demands of providing the best facility for your pet's care. At your request, we are always happy to provide a written estimate before treating any condition.

ALL SERVICES ARE TO BE PAID FOR AT THE TIME SERVICES ARE RENDERED.

If you are interested in check writing privileges with West Side Pet Hospital & Paw's Inn we require the following information:

Your Social Security number._____
Drivers License Number_____
State_____
Expiration Date_____
Date of Birth_____

Spouse's Social Security number_____
Drivers License Number_____
State_____
Expiration Date_____
Date of Birth_____

The following policies insure we are able to provide a high level of care to all our clients:

1. We accept cash, checks (subject to approval), Visa, Mastercard, Discover and Care Credit for the amount of the purchase only. All professional service fees, routine services, over the counter items, prescriptions, bathing, boarding and grooming must be paid in full at the time services are rendered or the pet is released from the hospital.

2. A deposit may be required for patients being hospitalized.

3. If for any reason, West Side Pet Hospital/Paw's Inn does not receive full payment, a finance charge will be applied after 30 days. The finance charge will be computed by rate of 1.5% per month (annual percentage rate of 18%). An additional billing fee will be $10.00 per statement.

4. A return check fee will be applied in the amount of $27.50 or 5% of the check, which ever is greater, to the client's account for each returned check. No checks will be accepted after a client has a returned check. Cash, credit card or Care Credit will still be accepted.

5. The client is responsible for attorney's fees, court fees and any collection costs in addition to finance and billing fees on accounts referred for collection.

6. Care Credit is also available to help clients deal with large, unexpected veterinary expenses. Please see the receptionist for details and how you apply for Care Credit.

7. We ask that you give us a minimum of 24 hours notice if you need to cancel or reschedule an appointment. We reserve the right to charge a no show or cancellation fee for each pet scheduled if 24 hours notice is not given.

By signing below, you are verifying that you have read and understand these policies and that you are the person financially responsible for this pet.

Owner_____ Date_____ Spouse_____Date_____

Owner_____ Spouse_____
Printed Name Printed Name