



Updated Client Form

Owners Name: _____
 Phone: _____ Cell #? Yes No
 DOB: _____ Driver's License # _____
 Email: _____
 Employer: _____
 Work Phone #: _____

Co-Owners Name: _____
 Phone: _____ Cell #? Yes No
 DOB: _____ Driver's License # _____
 Email: _____
 Employer: _____
 Work Phone #: _____

Address: _____

City: _____ St: _____ Zip: _____

Please remove the following person(s) from my account: _____

***Please list ALL cats & dogs in household (INCLUDING pet(s) being seen today) *** *Any pets NOT listed will be inactivated in our system*

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____

Names of persons authorized (not listed above) that can obtain information regarding patients under your account. Please note information can only be release to owner, co-owner and persons listed below with the exception of another hospital for continued care.

1. _____ 2. _____ 3. _____

Payment is expected at the time of service.

Forms of payment accepted are:

- Cash
- Visa, MasterCard, Debit
- American Express
- Discover
- Care Credit **Great Interest-Free Option!**
- **NO CHECKS ACCEPTED****

We offer a 10% discount on services for:

Please mark if you qualify

- Senior Citizen (over age 65) _____
- Active/Retired Military _____

Any animals unclaimed after 15 days of admittance will be released to the Kitsap Humane Society.

*New Clients and Multiple pet appointments on the same day require a deposit (the cost of exam) for each pet. **This is non-refundable if no showed to appointment or cancelled with less than 24 hours advance notice**.*

I certify the above information is correct to the best of my knowledge.

Signature _____ Date _____

I give Woodside Animal Hospital permission to take photographs of my pet for training, marketing, and/or client education purposes. Initial _____