



Updated Information Form

Client Information

Owner's Full Name: _____ Co-Owner/Spouse Name: _____

Phone Number: Cell Landline _____ Co-Owner/Spouse Phone: _____

Email Address: _____ Co-Owner/Spouse email: _____

Mailing Address: _____ City: _____ Zip: _____

Owner's Date of Birth: _____ Co-Owner/Spouse DOB: _____

Preferred Method of Communication: Call Text Email

Current Pets in Household (Names only please) –pets not listed will be inactivated in your chart

_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact or Authorized Person to make medical and financial decisions on behalf of pets on my account:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

A.I. Dictation Consent

We use an A.I. dictation service (VetSOAP) to assist in accurate medical record-keeping. Do you approve the recording? Yes No Initials: _____

Photography Consent

Do you give permission for us to take photographs of your pet for training, marketing, and/or educational purposes?

Yes No Initials: _____

Please see other side for more information

For Employee Use Only: _____ Client Number _____ Employee Initials _____ Date _____



Payment Policy

A deposit for the low end of the estimate is required prior to treatment and/or surgery. Written estimates will be provided for surgery, trauma, urgent care/emergency services and/or hospitalization. Estimates for additional services are available upon request. All critical cases will receive stabilization prior to providing estimates or collecting deposits and the owner is financially responsible for all stabilizing care provided.

I understand that payment is due, in full at the time services are rendered. _____ (initials)

Accepted payment methods include:

* Cash * Visa * MasterCard * Debit * American Express * Discover * CareCredit * Scratch Pay

We do not accept checks.

Discounts

We offer a 10% discount on services for:

Seniors (Age 65 and older)

Active or Retired Military (ID Required)

Important Policies

Any animal unclaimed after 15 days of admittance will be released to the Kitsap Humane Society. _____ (initials)

Multiple Pet Appointments: For appointments with three (3) or more pets on the same day, a non-refundable deposit equal to the exam cost per pet is required. This deposit is forfeited if you do not show up for the appointment or cancel with less than 24 hours' notice. _____ (initials)

I agree that myself and any authorized agent that represents me will always treat all staff members and other clients with respect. I understand that Woodside Animal Hospital has zero tolerance for swearing, yelling, or disrespectful speech toward any staff member or other client. Behavior as such can result in termination of care. All staff members are empowered to report all abuse from clients. _____ (initials)

I agree to always keep my pet on a leash or in a carrier while in the lobby for patient and human safety. _____ (initials)

I have read and agree to the policies outlined above and understand that I am fully responsible for all services provided by Woodside Animal Hospital for my pet.

Client Signature: _____ Date: _____

For Employee Use Only: _____ Client Number _____ Employee Initials _____ Date

Employee use only: