



Wise Owl Animal Hospital

New Client Packet

Office Use Only

CHECK IN: Initials _____ Time _____

DATA ENTERED: Initials _____

SCAN: Date _____ Initials _____

Client Information

Owner's Name _____
Last First

Spouse/Partner _____
Last First

Physical Address _____
Street

Mailing Address is the same as physical Address
Mailing Address _____
Street

_____ Village Zip

_____ Village Zip

Driver's License #: _____

State _____ Exp. _____

****Daytime phone numbers and email addresses are very important to us!****

Primary () - _____

Secondary () - _____

Email Address _____

Pet(s) Information

Pet's Name _____

DOB/Age _____ Sex: Male Female

Breed _____

Spayed/Neutered? Yes No

Color _____

Species Dog Cat Other _____

Pet's Name _____

DOB/Age _____ Sex: Male Female

Breed _____

Spayed/Neutered? Yes No

Color _____

Species Dog Cat Other _____

Pet's Name _____

DOB/Age _____ Sex: Male Female

Breed _____

Spayed/Neutered? Yes No

Color _____

Species Dog Cat Other _____

* Please list any additional pets on the final page of this packet

** If you are bringing in a litter that you intend to rehome/sell, you may chose to list each puppy/kitten individually or list them all as "Puppies x #" or "Kittens x #"

Consent and Media Release

I, the legal owner of the above stated pet(s), hereby grant permission to Wise Owl Animal Hospital, it's employees or representatives, to take and use photographs/digital images, videotape and quoted remarks of me and/or my animal for use in promotional, information, or media related materials. These materials might include printed or electronic publications such as magazines, newspapers, TV, websites, social media sites, or other electronic communications.

I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video and audio recordings shall be the property of Wise Owl Animal Hospital.

Additionally, by signing below I verify I am the legal owner of the animal/pet this consent form applies to.

Agree _____
Initial

Disagree _____
Initial

Client Authorization

Some clients ask relatives, their children, or close friends to bring their pet in for them from time to time. We are happy to accommodate this so long as you have given express permission for them to do so and authorize treatment/services on your behalf. Please include the names of those you would like to have authorized on your account (must be over 18 years of age).

I authorize the following person/people to use my file at Wise Owl Animal Hospital with my full permission to sign, make payments and approve treatment for any animals listed in my file. If any billings are made I will be held responsible if no payments are made.

Contact 1: _____
Full Name Relationship Phone #

Contact 2: _____
Full Name Relationship Phone #

Contact 3: _____
Full Name Relationship Phone #

****PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED****

We accept cash, check, debit, Visa, MasterCard, Discover and Care Credit.

Wise Owl Animal Hospital is committed to providing you and your pet(s) with the best possible veterinary care; therefore, ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED. Some services, such as surgery, boarding, grooming etc. will require a deposit to reserve an appointment for your pet. For your convenience, we accept cash, check (with copy of valid ID and social security #), MasterCard, Visa and Discover cards. We also participate in Care Credit as an alternative payment method. If you have any questions, feel free to ask us. We will be glad to help.

Please read our full payment policy carefully. Initial each statement and sign at the very bottom of the page indicating your understanding and acceptance of the policies and procedures.

Wise Owl Animal Hospital Payment Policy

- _____ Initial 1. Wise Owl Animal Hospital's rates are discounted at 50% off. Failure on my part to pay in full at the time of my visit/services will render all discounts inapplicable. This means my bill will be double the initially billed amount for every \$1 of my bill, \$2.00 (+ costs) will be charged to my account and any payments will be deducted from this doubled amount.
- _____ Initial 2. Should my Pet be infested with parasites (worms, fleas, lice, mites, etc.) when coming to Wise Owl Animal Hospital for services (be they parasite related or not), my pet will be treated with a bath and application of anti-parasite medication. I will be responsible for the cost of these treatments.
- _____ Initial 3. I fully understand with some services, such as surgeries, etc., I will be required to pay at the time an appointment is made, as opposed to after the completion of the surgery/service(s).
- _____ Initial 4. I agree to pay for all charges incurred while my animal(s) are in the care of Wise Owl Animal Hospital.
- _____ Initial 5. In the event, for whatever reason, that my bill becomes uncollectible, I agree to pay any fees incurred from the Collection of said bill, including but not limited to attorney's fees and court charges.
- _____ Initial 6. All costs, including hospitalization costs shall be paid upon release from WOA. If the pet(s) is/are not picked up within seven (7) days after the expected discharge date, and if WOA is not notified in writing within those seven (7) days, my pet(s) will be considered abandoned and disposed of as the Dr. sees fit. WOA under such circumstances is liable for nothing. It is understood that this does not relieve myself from paying full price for all costs of hospitalization, services, and any/all collection costs (including, but not limited to, legal fees and/or court costs).

By signing below, I HEREBY AGREE TO THE FOREGOING TERMS OF PAYMENT AND AUTHORIZE WISE OWL ANIMAL HOSPITAL TO PERFORM ANY NECESSARY CARE, TREATMENT, ETC. I AGREE THAT IT IS MY RESPONSIBILITY TO PAY MY BALANCE IN FULL AT THE TIME OF SERVICE AT EVERY VISIT.

Signature _____

Date _____

Pet(s) Information (Continued)

Pet's Name _____

DOB/Age _____ Sex: Male Female

Breed _____

Spayed/Neutered? Yes No

Color _____

Species Dog Cat Other _____

Pet's Name _____

DOB/Age _____ Sex: Male Female

Breed _____

Spayed/Neutered? Yes No

Color _____

Species Dog Cat Other _____

Pet's Name _____

DOB/Age _____ Sex: Male Female

Breed _____

Spayed/Neutered? Yes No

Color _____

Species Dog Cat Other _____

Pet's Name _____

DOB/Age _____ Sex: Male Female

Breed _____

Spayed/Neutered? Yes No

Color _____

Species Dog Cat Other _____

Pet's Name _____

DOB/Age _____ Sex: Male Female

Breed _____

Spayed/Neutered? Yes No

Color _____

Species Dog Cat Other _____