



Welcome to Woodlake Animal Hospital

Client Information

Your Name: _____ Date: _____
Address: _____
City _____ State _____ Zip _____
Home Phone: () _____ Cell Phone: () _____
Spouse's Name: _____ Significant Other Phone: () _____
E-mail Address _____
Employer: _____
Business Phone: () _____
Alternate Contact (In case of emergency) _____

Whom may we thank for referring you? _____

How would you like us to contact you? Cell Email Home Work

Are you interested in learning more about acupuncture and holistic/Chinese herbal medicine? _____

Pet Information (May we share your pet's photo on social media? Yes No)

Pet#1: Pet's Name _____ Dog Cat Other
Age/Birthdate _____ Sex: Male Female Spayed Neutered Color _____
Weight _____ lbs Breed _____ Known Allergies _____
Current Medications: _____

Pet#2: Pet's Name _____ Dog Cat Other
Age/Birthdate _____ Sex: Male Female Spayed Neutered Color _____
Weight _____ lbs Breed _____ Known Allergies _____
Current Medications: _____

Pet#3: Pet's Name _____ Dog Cat Other
Age/Birthdate _____ Sex: Male Female Spayed Neutered Color _____
Weight _____ lbs Breed _____ Known Allergies _____
Current Medications: _____

HOSPITAL POLICIES:

Written estimates are routinely prepared as requested. All professional fees are due at the time services are rendered. We accept cash, credit card, or CareCredit. Personal checks will not be accepted. I assume responsibility for all charges incurred for the care of my animals. I understand these charges will be due at the time of release and that a deposit may be required for treatment. I understand that I am responsible for additional collection fees if legal action is taken.

SIGNATURE OF CLIENT/RESPONSIBLE PARTY: _____

OVER →

Woodlake Animal Hospital Payment Policy

Payment:

Payment for office visits, procedures, and products is due in full, at the time services are rendered. Our staff is available to discuss our payment policy and your account at the time of the visit.

We accept Cash, Care Credit, and all major Credit/Debit Cards.

Appointments:

To meet the needs of all our clients, we see our patients by appointment only. We understand that: from time to time, appointments may need to be changed or cancelled. We request that appointments be cancelled as soon as possible prior to the appointment time. Appointments that: are not kept, and are not cancelled, significantly add to the cost of medical care.

Therefore, if you do not cancel an appointment, we must charge you for the visit. The charge will be based on the appointment reason, and the time that was reserved for this appointment.

Statements:

Statements are mailed out on all outstanding balances each month, and are due in full upon receipt. We reserve the right to impose a finance charge on all past due accounts. A billing fee of \$5.00 will be added to the account balance upon the first statement being sent. For each additional monthly statement that is mailed out, a 1 ½ % finance charge will be imposed on all accounts.

If my account becomes past due, and I have not contacted the office with a payment arrangement, the account may be forwarded to an attorney for collection. I will then become responsible for reasonable attorney's fees and court costs involved in the collection of past due accounts. Should this occur, I agree to pay all attorney or collection agency fees (not to exceed 40%), and all court costs incurred by Woodlake Animal Hospital.

I, the undersigned, agree to accept full financial responsibility for service rendered by Woodlake Animal Hospital. I agree to abide by the conditions outlined in this payment policy.

Date: _____

Client Signature: _____



Hospital Disclosure Of Hours

I am aware that Woodlake Animal Hospital does not provide 24-hour medical/patient care and that the staffing hours are as follows:

Monday, Tuesday, Thursday, and Friday from 7:30 am – 6:00 pm

Wednesday from 7:30 am – 7:00 pm

The FIRST TWO Saturdays of the month only, from 8:00 am – 12:00 pm

Closed the last two Saturdays of the month

Closed on Sundays

Patients that are dropped off for treatment/surgeries are required to be picked up prior to the close of day. If a patient requires overnight treatment or monitoring they will be transferred to a 24-hour veterinary facility.

When the medical staff is not on site, we refer our clients to Animal Medical Center (Deer Run) or Veterinary Emergency & Specialty Center (VESC-South).

I understand that continuous medical care is not provided by medical staff in the hours outside of those listed above.

Signature (Client/Responsible Party): _____