www.westoveranimalhospital.com

CLIENT INFORMATION

OWNER'S NAME AND ADDRESS	LAST FIRST MIDDLE HOME PHONE STREET CITY STATE ZIP OWNER'S SSN#
EMPLOYER'S NAME AND ADDRESS	NAME BUSINESS PHONE STREET CITY STATE ZIP
SPOUSE	NAME EMPLOYER BUSINESS PHONE

EMAIL ADDRESS _____ CELL PHONE _____

____ YES, I WOULD LIKE TO RECEIVE INFORMATION VIA E-MAIL PERTAINING TO VETERINARY SERVICES FOR MY PETS

____ NO, I WOULD NOT LIKE T O BE CONTACTED VIA E-MAIL

SIGNATURE _____ DATE _____

ANY BALANCE AFTER THIRTY (30) DAYS WILL BE CHARGED 1.5% PER MONTH AND A MONTHLY STATEMENT FEE OF $3.00. IF WE HAVE TO REFER YOUR ACCOUNT TO A COLLECTION AGENCY, YOU AGREE TO PAY ALL OF THE COLLECTION COSTS WHICH ARE INCURRED. IF WE HAVE TO REFER COLLECTION OF THE BALANCE TO A LAWYER, YOU AGREE TO PAY ALL LAWYER'S FEES WHICH WE INCUR PLUS ALL COURT COSTS.

ANIMAL INFORMATION

OTHER	CAT	DOG	NAME	BREED	DESCRIPTION	DATE OF BIRTH	SEX

METHOD OF PAYMENT

1. CASH
2. CHECK
   NAME OF BANK _____
   ACCOUNT # _____
3. MASTERCARD
   ACCOUNT # _____
4. VISA
   ACCOUNT # _____

DUE TO OPERATIONAL COSTS, WE HAVE ESTABLISHED THE FOLLOWING POLICY

CASH PAYMENT AT TIME OF SERVICE RENDERED

MASTERCARD VISA DISCOVER AMERICAN EXPRESS CARE CREDIT PERSONAL CHECKS ACCEPTED