

Welcome to WRVS!

Before we get started, how did you hear about our hospital? _____

Can we thank anyone for recommending us? _____

Owner's Information

Mrs. Ms. Mr. Dr.

Today's Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____

Employer: _____

Please Check One:

I am the Owner

I am an Authorized Agent of the Owner (please fill out your information under the "Additional Contact" section below)

Additional Contact (spouse/partner/family member/authorized agent)

First Name: _____ Last Name: _____

Phone Number(s): _____

Authorized to make care/medical decisions for pet(s)? Yes No

Member of the military/armed forces? Yes No

Veterinary Professional? Yes No

Would you like to receive pet care reminders and other information via e-mail? Yes No

Professional fees are to be paid in full upon discharge of your pet. A 50% deposit will be required if your pet is hospitalized or if surgery is to be performed. For your convenience, we accept: Cash, Debit, Visa, MasterCard, American Express, CareCredit, and ScratchPay. We do not accept personal checks.

Don't forget to fill out a New Patient Form for your pets!

Signature of Owner/Authorized Agent: _____ Date: _____