



WELCOME TO WESTGATE PET & BIRD HOSPITAL!

Thank you for giving us the opportunity to care for your pet(s). Please take a moment to share some important information as we support your pet's need today and in the future. **PLEASE PRINT IN ALL SPACES.**

OWNER'S NAME, LAST: _____ FIRST: _____

SPOUSE/CO-OWNER: _____ RELATIONSHIP TO OWNER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

EMPLOYER: _____ EMAIL: _____

CO-OWNER'S EMAIL: _____ CO-OWNER'S CELL: _____

Previous Veterinarian: _____

How/Why Did You Select Us? Social Media Sign/Location Internet: _____

Website Friend: _____ Veterinarian: _____

PLEASE LIST ALL OF YOUR PETS IN THE TABLE BELOW

Pet's Name	Species	Breed	Date of Birth	Color	Sex	Neutered Y/N

We will gladly prepare a written estimate if you desire (please ask our team members). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we accept Mastercard, Visa, Discover, and American Express. Financing arrangements may also be made through CareCredit. If you wish to apply for financing through CareCredit ask our team members for assistance.

Unpaid accounts over 30 days are subject to a 21% annual finance charge (minimum \$ 1.00). Should it become necessary to refer an unpaid account to collections there will be a \$ 28.00 fee added to the account. There will be a \$ 28.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice

I understand these terms and assume Financial Responsibility:

_____ Date: _____