

Wood River Animal Hospital, Inc.
David A. Serra, VMD
28 Kingstown Road
Wyoming, RI 02898
401-539-1199

2022 Client Registration

Date: _____

Owner's Name: _____ Spouse/other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Address (if different from above): _____

Primary Contact Number: _____ CELL/HOME Employer's Name: _____

Secondary Contact Number: _____ CELL/HOME Work Telephone: _____

Email Address: _____

Do we have permission to photograph your pets for social media purposes? : **YES/NO**

In case of an emergency and we cannot contact you

PLEASE CALL: 1ST _____ **PHONE NO.** _____

PLEASE CALL: 2ND _____ **PHONE NO.** _____

How did you hear about us? _____

Please list the names & type of any other animals that you own: _____

Do we need to be aware of any special needs for you or your pet? _____

Pease turnover and complete.

PET INFORMATION

#1 Pet's Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Color: _____

Male: _____ Neutered: _____ Female: _____ Spayed: _____

#2 Pet's Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Color: _____

Male: _____ Neutered: _____ Female: _____ Spayed: _____

Previous Veterinarian(s): _____

Pertinent Medical History: _____

FINANCIAL CONTRACT

I assume responsibility for all charges incurred in the care of this or any animal I own. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization. Any products, medications, food, etc., will be paid for in full upon time of purchase. I also understand that unpaid balances will incur billing and finance charges after 30 days by a periodic rate of 1% per month, with a minimum charge of \$4.00.

I understand that I will also be responsible for any missed fees that may be invoiced after the time of release.

If you pay by check, a valid driver's license or picture identification is required. We also accept MasterCard and Visa.

My signature below indicates that I have read, understand, and have agreed to the above Financial Contract.

Signature:

Owner or Responsible Party: _____ Date: _____