

**PET INFORMATION**

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male: \_\_\_\_\_ Neutered: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed: \_\_\_\_\_

Is your pet up to date on all vaccinations?: YES / NO

Referring Veterinarian(s) Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Upon scheduling your appointment with us, were you requested to fast your pet prior to your visit? YES / NO

When was the last meal your pet ate?: \_\_\_\_\_

**PLEASE READ AND SIGN**

Wood River Animal Hospital, Inc. cannot vaccinate your pet while under our care. If vaccinations or any other routine care is due, you need to schedule an appointment with your regular veterinarian. This allows your veterinarian to see how your pet has been progressing during or after treatment with us.

**I understand the above statement:** \_\_\_\_\_

*Signature Required*

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**FINANCIAL CONTRACT**

**I assume responsibility for all charges incurred in the care of this or any animal that 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: \_\_\_\_\_

