

# Welcome To Winsted Hospital for Animals!

Thank you for giving us the opportunity to care for your pet(s)! Please help us by taking a moment to share some information necessary to support your pet's health needs today and in the future.

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE

OWNER'S NAME \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

SPOUSE/OTHER \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ BEST DAYTIME CONTACT NUMBER (\_\_\_\_) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

## How did you hear about us?

Drive by/sign    Internet    Personal Referral    Other - please specify: \_\_\_\_\_

Referral: Is there a client, business or organization we can thank for your referral? \_\_\_\_\_

We will gladly prepare a written estimate if you desire (please ask the Veterinarian or Technician). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICE ARE RENDERED.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge we do accept Visa, Mastercard, Discover, American Express, Care Credit, or a payment arrangement can be established with our Hospital Manager in advance of the treatment. There will be a \$25.00 service charge for any check returned unpaid.

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

Signature of responsible agent for pet(s) \_\_\_\_\_ Date \_\_\_\_\_

Ok to Text    Yes \_\_\_\_\_    No \_\_\_\_\_

## ESSENTIAL PET INFORMATION

Pet's Name	Cat/Dog	Birth Date	Sex	Altered?	Breed	Color