

WELCOME TO WESTLOCK VETERINARY CENTER

CLIENT # _____

CLIENT'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____ POSTAL CODE _____

HOME PHONE _____ MOBILE _____ FAX _____

EMAIL _____ OTHER _____

PLACE OF EMPLOYMENT _____ PHONE _____

SPOUSE/OTHER PLACE OF EMPLOYMENT _____ PHONE _____

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). 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 take Master Card, Visa, or can establish a payment arrangement through Medi-Card if approved in advance of the treatment.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES, WE RECOMMEND ALL HOSPITALIZED AND BOARDED PATIENTS BE CURRENT ON ALL VACCINES.

SIGNATURE OF RESPONSIBLE AGENT FOR PET(S) _____

OTHER RESPONSIBLE AGENTS _____

HOW/WHY DID YOU SELECT US _____

We collect, use, and disclose the information on this page for which it was intended. The purposes are listed in our Privacy Policy which can be obtained by request from our Privacy Officer.

FOR CLINIC USE							
CAT	DOG	OTHER	PET'S NAME	DOB	SEX	DESCRIPTION	
UPDATE							



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