

Client Number \_\_\_\_\_

# Welcome to Westlock Veterinary Center

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. **PLEASE PRINT.**

OWNER'S NAME \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

PRIMARY CONTACT# \_\_\_\_\_ SECONDARY CONTACT# \_\_\_\_\_

EMAIL \_\_\_\_\_ (used only for vaccine reminders)

HOW WOULD YOU LIKE YOUR REMINDERS SENT? PLEASE CIRCLE **EMAIL** or **MAIL**

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. We do not accept cheques and do not offer any payment plans.*

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)** \_\_\_\_\_ Date \_\_\_\_\_

Other Responsible Agents \_\_\_\_\_

How/Why Did You Select Us? \_\_\_\_\_