

Wedgwood Animal Hospital
Patient/Client Information

Client #: _____

Name DL#

Spouse DL#

Address City Zip

Home Telephone # Cell # Email

Employer Work #

Spouse Employer Work #

<u>Pet Information</u>			
Name	Breed	Color	Sex
Neutered/Spay _____	DOB _____	Vaccination Date _____	
Name	Breed	Color	Sex
Neutered/Spay _____	DOB _____	Vaccination Date _____	

List Additional Pets On Back Of Page

Professional Services Are Due At The Time The Services Are Rendered.

All veterinary charges are due and payable at the time they are incurred, unless specific arrangements have been made. In cases where arrangements have been made, there will be a billing charge of \$2.00 for sending out each statement. We also reserve the right to charge interest on balances older than 30 days at a rate of 1.50% per month. All collection fees and related expenses will be the responsibility of the client.

I have read and agree to the terms listed above.

Please sign and date