



**Wake Veterinary Hospital  
New Client Information Form**

The doctors and staff would like to thank you for giving us the opportunity to care for your pets. We will be happy to answer any questions you have about your pet's health.

To insure the best care possible, please take the time to fill in this form completely.

Thank you again for trusting us to care for your pets.

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Your name: \_\_\_\_\_

Spouse/Co-owner: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Co-Owner's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who May we thank for referring you to our hospital? \_\_\_\_\_

Wake Veterinary Hospital, Inc. advises you that all fees are due at the time services are rendered. At your request we will gladly estimate for recommended procedures. In the event that your pet is hospitalized, a deposit of 50% of the estimated fees may be required upon your pet's admittance to the hospital and the balance is due upon discharge. We accept cash, personal check, MasterCard, Visa, Discover, American Express and debit cards and Care Credit. Wake Veterinary Hospital, Inc. charges a \$25 fee on all returned checks.

To prevent the spread of infectious diseases and parasites, we require hospitalized/boarding pets to be current on all vaccines. Pets with fleas will be treated with a topical or oral flea medication upon admission and the cost will be included in the invoice.

You certify that you are over 18 years of age and the owner or owner's authorized agent of the animals that you identify and list in your hospital chart. You assume full responsibility for all charges incurred by your pets. You agree that in the event any unpaid balance is referred to collections, you will be responsible for all collection fees, legal fees, and court costs on your owed balance may substantially increase.

\_\_\_\_\_  
Name of Owner or Authorized Agent

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date