

# Welcome to the Winchester Animal Hospital



## OWNER INFORMATION:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical address if above is a P.O. Box \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ How do you prefer being contacted  
to be reminded of your appointments:  text my cell  
 call my \_\_\_\_\_  
 email me

Driver's License number if you are writing a check \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work phone \_\_\_\_\_

## PET INFORMATION:

Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Female / Spayed \_\_\_\_\_ Male / Neutered \_\_\_\_\_

Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Please give any records you have for your pet to the receptionist.)

Previous Veterinarian \_\_\_\_\_

Other medical problems \_\_\_\_\_

Important- read carefully:

### **I understand payment is due when services are rendered.**

If emergency circumstances should arise that I do not pay my bill, I understand that I owe The Winchester Animal Hospital for their services. Finance charges will be charged on any unpaid balance at the rate of 2% per month (24% annually). I understand that I will be responsible for all collection fees, court costs and attorney fees, should collection procedures become necessary.

\_\_\_\_\_  
Responsible Party (must be over 18 years old.)

\_\_\_\_\_  
Date