



# WECKWERTH ANIMAL HOSPITAL

35 1<sup>st</sup> Ave NW / P.O. Box 428  
Pelican Rapids, MN 56572

(218) 863-8387  
weckwerthanimalhospital@gmail.com

## New Client Form

Welcome! Thank you for giving us the opportunity to care for your pet(s.) We'll be happy to address any questions you may have about your pet's health. To insure the best care possible and so we may become better acquainted, please complete ALL of the following:

Owner Name \_\_\_\_\_ Spouse/Co-Owner \_\_\_\_\_

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

Phone # \_\_\_\_\_ (Please check \_\_\_\_\_ if Cell\*) Work # \_\_\_\_\_ Spouse # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email Address\* \_\_\_\_\_

\*Do we have your permission to notify you and confirm upcoming appointments via email? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Do we have your permission to notify you and confirm upcoming appointments via Text? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact (Outside of the home) Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

### How did you become aware of our clinic?

Sign/Building \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Online \_\_\_\_\_ Previous/Current Client \_\_\_\_\_ Facebook \_\_\_\_\_ Other \_\_\_\_\_

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

**Payment is expected when services are rendered. If cost is a concern for you, please let us know prior to service. Accepted forms of payment:**

Cash  Check  VISA  MasterCard  Discover  AmericanExpress  CareCredit

\*Care Credit is the ONLY payment plan offered by Weckwerth Animal Hospital. Please check the box if you are interested in Applying\*

**\*Authorization:** I hereby authorize the veterinarian to examine, prescribe for and treat my pets. I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges must be paid in full at the time of release and that a deposit may be required for treatment.

**\*Cancellation Policy:** We reserve the right to charge for appointments cancelled or broken without a 24 hour notice.

**\*V.C.P.R:** A current Veterinary-Client-Relationship (annual examination) is required by law for the administration or refilling of prescription medications and some vaccines.

**Signature** \_\_\_\_\_

I hereby give Weckwerth Animal Hospital my permission to release any and all pet information to other veterinary clinics and boarding or grooming facilities, if needed. **Please Initial here** \_\_\_\_\_

**Note: All patients receiving medical care/treatment are required to be up to date on Rabies and Distemper vaccinations.**

## Pet(s) Information

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

Date of Birth \_\_\_\_\_  Check if Approximate Date of Birth is Unknown

Breed \_\_\_\_\_  Mixed Color: \_\_\_\_\_  Male  Female  Spayed/Neutered

**History:** Name of last Facility this animal has visited \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_  Check if Approximate Date of Birth is Unknown

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

**History:** Name of Last Facility this animal has visited \_\_\_\_\_

**\*\*Please Inform Us Of Additional Pets For Another Form\*\***

## Weckwerth Animal Hospital Payment Policy

I understand that I am responsible for any charges incurred while my pet is under the care of the doctors and/or staff of Weckwerth Animal Hospital, and that all charges are due and payable in full at the time services are rendered. This includes any charges/fees agreed by my authorized proxy.

Any outstanding balance carried for thirty (30) days or more is subject to a monthly finance charge of 1.75% (21% per annum), with a minimum monthly finance charge of at least \$5.00. All finance charges apply to returned checks as well.

If it becomes necessary to send my account to Weckwerth Animal Hospitals' collection agency, I understand that I will incur an additional collection fee of 35% for which I am liable in addition to the monthly finance charge and the original balance.

**Please indicate, by your signature, that you understand the information outlined in this disclosure:**

\_\_\_\_\_

**Owners Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Owner Print**

\_\_\_\_\_ **WAH Witness/ID Check**