

West Central Veterinary Services
Welcome to Our Practice - Client Info Sheet

PLEASE PRINT IN ALL SPACES

****The primary owner listed will be the one to receive any email and text communications unless you specify otherwise****

Today's Date: _____
Primary Owner: _____
Primary Owner Home/Cell Number: _____
Primary email: _____
Primary Owner Driver's License: _____
(Needed for check payments & certain prescriptions)
Spouse/Other Secondary Owner: _____

Phone Number: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

In addition, please list any other individuals (over 18) who are authorized to present animal(s) for treatment.

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 MasterCard, Visa, Discover, or Care Credit. There will be \$20.00 service charge for any check returned unpaid. If the service of an outside agency is required for collection of this account, I agree to pay costs of collection including but not limited to Collection Agency Fees, Attorney Fees, Interest and Court Costs. Your signature below maintains that you are authorized to present animal(s) for treatment, surgery, diagnostics, and/or euthanasia.

By signing below, I agree with these policies of WCVS:

- Please allow up to 72 hours for a prescription refill. Calling ahead is required.
- Please allow up to one week for lab results.
- Persons bringing patients for appointments, surgeries, boarding or other services and picking up prescriptions must be 18 years or older, have a valid driver's license, and be an authorized individual listed above.
- Notify our staff if you cannot make it to your scheduled appointment. Non-refundable deposits will be required if you miss two or more appointments without adequate notification.
- Please know that we are **not** a 24-hour facility.

Please select yes and initial here to authorize text communications from our practice:

YES: _____ No, I prefer to not receive any text communications.

Signature of Responsible Party for Pet: _____

Printed Name of Signing Party: _____