

WELCOME



Your name: _____ Spouse/Other: _____

You must be 18 years old

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

If different from above

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

DOB: _____ E-mail Address: _____

Driver License Number: _____

EMERGENCY CONTACT: _____ Phone: _____

To confirm my appointments the contact method I prefer is (check one): Phone: Text Message: E-mail:

I give Willits Animal Hospital permission to take and use photographs of me and my pets, to use with or without my name for any lawful purpose, including publicity, illustration, advertising and Web content. Yes No

Pet's Name	Cat	Dog	Sex	DOB or Age	Spayed/Neutered	Breed	Color
					Yes or Not		
					Yes or Not		
					Yes or Not		

Previous Veterinary Office: _____ Phone: _____

How did you hear about us?

Internet Facebook Instagram Business Sign Referral Other: _____

Authorization: I hereby the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that charges are to be paid at the time of services.

Signature: _____ Date: _____



***Except for Care Credit**