



*Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811*

### **Client (Owner) Information**

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out both sides of this form, as well as the patient form.

***Please have this form filled out by an adult (Client and Co-Owner must be 18 years or older).***

Client Name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy)

*California state law requires us to have our clients' date of birth to dispense certain types of medication, such as pain-relievers, sedatives, and other controlled drugs.*

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Co-Owner Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Names of other family members who participate in pet care \_\_\_\_\_

Referred by \_\_\_\_\_

### **Hospital Disclosures**

*Please read and initial the following statements. Our staff is happy to explain any of these statements prior to your initialing if you have any questions*

**Restraint of Patient:** I understand that my pet(s) may act differently than he/she does at home, and there is a chance he/she may bite, scratch, or otherwise attempt to injure anyone, including myself, during handling.

I understand that I should not handle my pet(s) during any procedures; if I do, this waives liability of the hospital in the event that I am injured directly or indirectly by the actions of my pet(s) during said procedures.

Initials: \_\_\_\_\_

**Please fill out the back side.**

**Payment Due at Time of Service:** I understand that payment is due at time of service. I understand that the following forms of payment are accepted: Visa, Master Card, Discover, and cash. We do not accept checks or care credit.

*Initials:* \_\_\_\_\_

**Late or Missing Appointment Time:** I understand that any appointment missed or rescheduled with less than one business day will be subject to a fee. If I am 15 or more minutes late for my scheduled appointment, I may not be seen at that time and may have to reschedule my exam.

*Initials:* \_\_\_\_\_

**Right to Refuse Service:** In order to create and nurture a healthy, respectful veterinary-client-patient-relationship, abusive language or behavior will not be tolerated. I understand that the hospital will not provide care for pets of clients who do not maintain a respectful relationship with all of the hospital staff.

*Initials:* \_\_\_\_\_

**Extra Label Use of Drugs:** I understand that there are limited medications specifically licensed for use in exotic pets. I authorize the extra label use of medications on my pet(s).

*Initials:* \_\_\_\_\_

**No Overnight Staff:** I understand that Wildwood Veterinary Hospital is not a 24-hour hospital facility, and trained personnel will not attend boarded or hospitalized animals beyond regular office hours. I understand that I can request for my pet(s) to be transferred to an emergency veterinary hospital with 24-hour care if overnight hospitalization is required.

*Initials:* \_\_\_\_\_

**Photo or Medical Case Release:** Wildwood Veterinary Hospital may want to use pictures/and or information resulting from the veterinary care of my pet(s) on their website, social media sites, or for other educational and teaching purposes. Only my pet's name and medical condition will be used. Client name, address and other personal information will not be used. I understand that if at any time I choose to revoke permission for the use of my pet's photo or information, I must notify the hospital in writing.

*I AGREE: Initials:* \_\_\_\_\_

*I DO NOT AGREE: Initials:* \_\_\_\_\_

Thank you for choosing us to care for your pet(s)! Signature of financially responsible party:

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Printed Name \_\_\_\_\_

Primary Caretaker if a minor \_\_\_\_\_

Office Use  
Reviewed and Entered by: \_\_\_\_\_