

Welcome to West Yukon Animal Hospital

Owner Information

Name _____ 2nd Contact _____
Address _____ Apt/Lot _____
City _____ State _____ Zip _____
Primary Phone _____ Cell _____ Home _____ Work _____
2nd Phone contact _____ Cell _____ Home _____ Work _____
DL # _____ DOB _____
Email _____

Reminder Preference: _____ Email _____ Text _____

Pet(s) Information

Name _____ Species _____ Dog _____ Cat _____ Horse _____
Age _____ Breed _____ Color _____
Sex _____ Spayed Female _____ Neutered Male _____ Intact Female _____ Intact Male _____
Is This Pet Microchipped _____ Yes _____ No _____
Is this pet allergic to any medications _____

Name _____ Species _____ Dog _____ Cat _____ Horse _____
Age _____ Breed _____ Color _____
Sex _____ Spayed Female _____ Neutered Male _____ Intact Female _____ Intact Male _____
Is This Pet Microchipped _____ Yes _____ No _____
Is this pet allergic to any medications _____

Name _____ Species _____ Dog _____ Cat _____ Horse _____
Age _____ Breed _____ Color _____
Sex _____ Spayed Female _____ Neutered Male _____ Intact Female _____ Intact Male _____
Is This Pet Microchipped _____ Yes _____ No _____
Is this pet allergic to any medications _____

*Name of previous vet clinic _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

I, the owner of an authorized agent, certify that the above information is correct. I hereby authorize the veterinarian(s), technician(s), and assistant(s) to examine, prescribed for, or treat the above described pet, including emergency medication care. I will be financially responsible for all charges incurred in the care of this animal at West Yukon Animal Hospital. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by West Yukon Animal Hospital. There will be a finance charge and billing fee added to any outstanding balance each month. I am responsible for paying interest and any fees accrued due to unpaid balances. There is a \$25 fee for all returned checks and any unpaid checks will be turned over to the District Attorney. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment or boarding. In the instance of unforeseen events, I am not relieved from any financial obligation owed to West Yukon Animal Hospital. I understand and agree that West Yukon Animal Hospital is not responsible for the patient's personal valuables and it is recommended that I take all belongings with me. West Yukon Animal Hospital would be happy to provide a written estimate prior to services, at your request.

Signature of owner/agent _____ Date _____