



WALKER VETERINARY HOSPITAL

7600 West Lane*Stockton*CA*95210

209-478-8883

OWNER'S NAME (LAST) _____ / (FIRST) _____ SPOUSE _____

ADDRESS _____ APT/LOT# _____

CITY _____ STATE _____ ZIPCODE _____

HOME PHONE # _____ CELL # _____ WORK # _____

CELL NUMBER FOR TEXT MESSAGING PETS PROGRESS _____ PROVIDER _____

EMPLOYER _____ SS# _____

DRIVER'S LIC. # _____ STATE ISSUED/EXP. DATE _____

E-MAIL _____ FORMER VET _____

REASON FOR LEAVING (FORMER VET)

HOW DID YOU CHOOSE OUR HOSPITAL? () YELLOW PAGES, () ONLINE, () DROVE BY, () REFERRAL

WHO MAY WE THANK FOR REFERING YOU _____

PAYMENT METHOD: () CASH, () CREDIT CARD, () ATM, () CARE CREDIT () PET MEDICAL INSURANCE

We do not accept checks!

NAME _____

SPECIES DOG CAT

BREED _____

COLOR _____

SEX _____

SPAYED/NEUTERED _____

DATE OF BIRTH _____

DATES VACCINATED _____

NAME _____

SPECIES DOG CAT

BREED _____

COLOR _____

SEX _____

SPAYED/NEUTERED _____

DATE OF BIRTH _____

DATES VACCINATED _____

NAME _____

SPECIES DOG CAT

BREED _____

COLOR _____

SEX _____

SPAYED/NEUTERED _____

DATE OF BIRTH _____

DATES VACCINATED _____

Financial Agreement and Authorization: I authorize treatment of the above named pet (s) and agree, irrevocable, that in consideration of the services to be rendered that I hereby obligate myself to pay the account in accordance with the regular rates of the provider. As required by law you are hereby notified that a negative report reflecting on you credit reporting agency if you fail to fulfill the terms of your credit obligation. Should the account be referred to an attorney or collection agency for collection, the undersigned agrees to pay actual attorney's fees and fifteen dollar late fee plus 18% APR. I authorize my employer to release employment information to the provider or the provider's agents. I acknowledge that this facility has audio and video monitoring and all phone calls can be recorded. There may be times when no personnel are on the premises. After hours emergency care is available at Paws and Claws Veterinary Hospital located at 1924 W. 11th Street, Tracy CA 95376. After hours phone number is 209-832-4444.

A deposit may be required and final bill is upon release of the patient. **NO BILLING.**

Signature: _____ Date: _____