



Westonka Animal Hospital and Laser Surgery Center

Thank you for choosing Westonka Animal Hospital & Laser Surgery Center. Please take a moment to familiarize us with you and your pet. For your convenience you may print our Client Information Form and complete it before your pet's first appointment with us.

Owner Information

Last Name, First, MI: _____
 Other Names on Account: _____
 Email Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (H) _____ (W) _____ Cell _____
 Employer: _____
 Do you or your spouse qualify for our Senior Discount? (62 years or older) YES
 Preferred Contact Method: (please circle) Home phone Cell phone E-Mail

Pet #1 Information

Pet's name that we are seeing today: _____
 Canine Feline
 Breed: _____ Male Female
 Color: _____ Neutered Spayed
 Date of Birth or Age: _____ Is your pet micro-chipped? Yes No
 Is your pet currently taking medication: Yes No
 Name(s) of Medication: _____

Pet #2 Information

Pet's name that we are seeing today: _____
 Canine Feline
 Breed: _____ Male Female
 Color: _____ Neutered Spayed
 Date of Birth or Age: _____ Is your pet micro-chipped? Yes No
 Is your pet currently taking medication: Yes No
 Name(s) of Medication: _____

How did you hear about us?

Yellow Pages Outdoor Sign Direct Mail Humane Society Newspaper
 Pet Groomer _____ Our Website Welcome Neighbor Internet Directory
 Referral. Please print first and last name of person who referred you: _____
 Other _____

May we contact your previous hospital to obtain medical records? Yes No

Previous Veterinary Hospital (if not a referral from above listed hospital) _____

Are you going to be coming to Westonka Animal Hospital for routine Wellness Care? Yes No

Photographs/Images

We value educating our clients on disease/injury care and prevention. We often use photographs and videos as education tools and to market our services. By signing below, you acknowledge that we have your permission to use such images. Also, it is our policy to seek your permission first, written or oral, before posting to the internet if there are any identifying markers in our post.

Payment/Cancellation Policy

Payment is expected at the time of service. For your convenience, we take CareCredit, major credit cards, cash, checks and pet insurance plans.

Please understand that our appointment times are scheduled to allow us to take care of each individual patient's needs. Since appointment times at Westonka Animal Hospital are in high demand, we require advance notice from our clients who are unable to keep their scheduled appointment.

In order to provide excellent service to our patients and our clients we maintain a No Show/24 Hour Cancellation Policy. We require that any appointment that is no longer needed or unable to be kept must be cancelled at least 24 hours in advance.

We certainly understand that illness or unforeseen circumstances do arise, and there will be no charge for the first missed or cancelled appointment. In the event of a second or multiple pet No Show or 24 Hour Cancellation, a credit card number will be needed to secure future appointments. If that appointment is missed then the card will be charged a fee equal to the office call charge that was missed.

By signing this form I acknowledge and understand the above policy.

Payment is expected at the time of service. Method of payment for today's services

pet insurance: (insurer name) _____
 Visa MasterCard Discover AMEX Cash Check Care Credit

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2125 Commerce Blvd, Mound, MN 55364 Phone: (952) 472-4900 Fax: (952) 472-6367

For office use only (initial when completed): Client# _____ WC Sent
HX Entered Routine Procedures reminders placed in Patient(s) reminder window(s) _____
Office use notes:

When completed, this form is to be scanned and attached into patient's medical record and this original give to Office Manager for review.