

Wood River Animal Hospital, Inc.
David A. Serra, VMD
28 Kingstown Road
Wyoming, RI 02898
401-539-1199

2022 Referral Client Registration

Date: _____

Owner's Name: _____ Spouse/other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Address (if different from above): _____

Primary Contact Number: _____ CELL/HOME Employer's Name: _____

Secondary Contact Number: _____ CELL/HOME Work Telephone: _____

Email Address: _____

Do we have permission to photograph your pets for social media purposes? : **YES/NO**

In case of an emergency and we cannot contact you

PLEASE CALL: 1ST _____ **PHONE NO.** _____

PLEASE CALL: 2ND _____ **PHONE NO.** _____

How did you hear about us? _____

Please list the names & type of any other animals that you own: _____

Do we need to be aware of any special needs for you or your pet? _____

Pease turnover and complete.

PET INFORMATION

Pet's Name: _____ Date of Birth: _____

Species: _____ Breed: _____ Color: _____

Male: _____ Neutered: _____ Female: _____ Spayed: _____

Is your pet up to date on all vaccinations? : **YES / NO**

Referring Veterinarian(s) Name: _____

Hospital Name: _____

Upon scheduling your appointment with us, were you requested to fast your pet prior to your visit? **YES / NO**

When was the last meal your pet ate? _____

PLEASE READ AND SIGN

Wood River Animal Hospital, Inc. cannot vaccinate your pet while under our care. If vaccinations or any other routine care is due, you need to schedule an appointment with your regular veterinarian. This allows your veterinarian to see how your pet has been progressing during or after treatment with us.

I understand the above statement: _____

Signature Required

FINANCIAL CONTRACT

I assume responsibility for all charges incurred in the care of this or any animal I own. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization. Any products, medications, food, etc., will be paid for in full upon time of purchase. I also understand that unpaid balances will incur billing and finance charges after 30 days by a periodic rate of 1% per month, with a minimum charge of \$4.00.

I understand that I will also be responsible for any missed fees that may be invoiced after the time of release.

If you pay by check, a valid driver's license or picture identification is required. We also accept MasterCard and Visa.

My signature below indicates that I have read, understand, and have agreed to the above Financial Contract.

Signature:

Owner or Responsible Party: _____ Date: _____