

Steve Amsberry, DVM  
Julia Moore, DVM  
Julianne Vickstrom, DVM  
Candace Remcho, DVM



Thank you for choosing West Hills Animal Hospital.  
We honor the opportunity to care for your family member pet.

**PLEASE PRINT**

**(Please list person financially responsible for your family pet member(s))**

Your Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Previous Veterinarian (name, city, and state): \_\_\_\_\_

Your Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

What's the best way to contact you (home, work, cell, e-mail, etc.)? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

*\* SS# is required if you write checks. Cash or credit is accepted if you choose not to disclose this. Returned checks are assessed a fee of \$25.*

E-Mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Spouse/Partner Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Children/Visitors (names and ages): \_\_\_\_\_

Other pets in household (names, species, and ages): \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Please help us to better serve you by listing the three most important things you would like to receive from your veterinary experience at West Hills Animal Hospital:

- 1)
- 2)
- 3)

How will you be taking care of your bill today?

Cash  Check  Visa/MC/Discover  CareCredit®  I would like to know more about CareCredit®

Please mark the box that applies to your pet's insurance status.

My pet is not currently insured  I have VPI pet Insurance  I have **Pet's Best** pet insurance  
 I have \_\_\_\_\_ pet insurance  I would like to know more about pet insurance

My signature below serves as agreement to the following:

I am responsible for all charges incurred by my pet while in the care of the doctors and staff at West Hills Animal Hospital and these charges are due and payable at the time of services. In the event that a check is returned, I will be assessed a returned check fee of \$25. Any balance I carry over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum. Any balance that I leave unpaid will be forwarded to Oregon Credit & Collection Bureau and will incur a 25% collection fee for which I am liable, in addition to monthly finance charges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_