

Steve Amsberry, DVM
Julia Moore, DVM
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Thank you for choosing West Hills Animal Hospital.
We honor the opportunity to care for your family pet member.

THANK YOU FOR PRINTING

Your Name: _____ Spouse/Other: _____

Your Pet's Name(s): _____

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 only 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®.

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: _____