



Westview Veterinary Hospital, Inc.  
3032 Napoleon Road  
Fremont, Ohio 43420  
419-332-5871

## LARGE ANIMAL NEW/UPDATE CLIENT FORM

Welcome and thank you for choosing us to care for your animal(s). Our hospital policy is to provide your animal(s) with quality care. Please take a few minutes to fill out this client information for you and your animal(s). If you have any questions, please don't hesitate to ask. THANK YOU.

Owner Name _____	Significant Other _____
Address _____	City _____ State _____
Zip _____ County _____	E-mail _____
Home Phone _____	Alt # _____
Cell _____	Cell _____
Work Name _____	Work Name _____
Work Phone _____	Work Phone _____
DL# _____	DL# _____
SS# _____	SS# _____

(SS number required for both Owner and spouse on any account not paid in full)

### **Non-Equine Clients**

Type/purpose of facility: \_\_\_\_\_

Breed: \_\_\_\_\_

Number of Head: \_\_\_\_\_

Tax Exempt Status: \_\_\_\_\_

### **Equine Clients**

Address where animals are located if not same as above:

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please detail individual hoses on page 3

I hereby authorize the veterinarian to examine, prescribe for, or treat my animal(s). I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit is required for treatment.

\_\_\_\_\_  
Signature of responsible Owner/agent

\_\_\_\_\_  
Date

**Farm Call Credit Card Payment Agreement**

**Owner's Name:** \_\_\_\_\_

In order to better provide services for our clients, we request that payment be rendered at the time of service, or that a valid credit card is kept on file if you wish to be billed for services.

Please Initial:

\_\_\_\_ I understand that I am financially responsible for all services provided by Westview Veterinary Hospital, Inc. I agree for Westview Veterinary Hospital, Inc. to hold in their possession a copy of a current credit card.

**Or:**

\_\_\_\_ I understand that I am financially responsible for all services provided by Westview Veterinary Hospital, Inc. I do not wish to have a credit card on file and will provide payment at the time of service. I also understand that my animals will not be treated unless I have made these arrangements.

**For credit cards on file:**

\_\_\_\_ I request that the credit card be kept on file, I wish to receive an invoice and will mail in payment. If payment has not been remitted within 30 days, the full amount will be charged onto the credit card on file. In the unlikely event that the credit card will become declined, action will be taken for collection of the balance due on the account

**Or:**

\_\_\_\_ I hereby authorize Westview Veterinary Hospital, Inc. to utilize my credit card for payment on my account at the time of service. In the unlikely event that the credit card will become declined, action will be taken for collection of the balance due on the account.

**Communication preferences:**

\_\_\_\_ I prefer a mailed copy of my invoices and/or receipts

\_\_\_\_ I prefer an e-mailed copy of invoices and receipts.

**CREDIT CARD INFORMATION**

Circle - VISA    MASTERCARD    DISCOVER    AM EX

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**BILLING INFORMATION** (if different than above)

Name on Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address for card: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that if my bill is not paid in full after 30 days, it is subject to a service charge at 2% monthly. Billing occurs on the 1st of every month. I further understand that as the Owner, I am responsible for all court costs and lawyer fees if account is turned over to collection.

\_\_\_\_\_  
Signature of responsible Owner/agent      Phone No.      Date

\_\_\_\_\_  
Spouse/Significant other      Phone No.      Date

Both parties on account must sign or give verbal acknowledgement to staff over phone

\_\_\_\_\_  
Staff Signature

**Address where horses are located:**

Barn Name: \_\_\_\_\_

Address: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Reg. # \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_ DOB: \_\_\_\_\_