

Welcome to Westwood Veterinary Hospital!

Owner's Name (required) _____
Physical Address _____
Mailing Address (required) _____
City _____ State _____ Zip _____
Cell# (required) _____ Work#: _____ Home#: _____
Email (required): _____
S.S # _____ DL# (required) _____
DOB _____
Place of Employment: _____
How did you hear about us? _____

Spouse name: _____
Spouse Work# _____ Spouse Cell# _____
Spouse Employer _____

Animal's name: _____ DOB/estimated age _____
Breed _____ Color _____
Sex:
 Female (intact) Male (intact)
 Female (spayed) Male (neutered)

Animal's name #2 _____ DOB/estimated age _____
Breed _____ Color _____
Sex:
 Female (intact) Male (intact)
 Female (spayed) Male (neutered)

Thank you for choosing us as your veterinary care provider!
Our goal is to provide your pet with the best care available which includes the best in diagnostics, treatment, and continued care. To help you accept the best treatment possible for your pet, we offer several payment options including payment by check or major credit cards, and we also offer no interest payment plans and low interest payment plans through CareCredit and ScratchPay. You can apply for a CareCredit card online at CareCredit.com. You can apply for a ScratchPay payment plan at ScratchPay.com.

Please indicate which form of payment you will be using:

- Payment in full (We accept cash, check or any major credit card.)
- CareCredit or ScratchPay payment plan (You must apply online and be pre-approved to use either of these options.)

By signing below, you agree to pay your balance in full at the time of each visit.

Signature of Responsible Party _____ Date _____

If you have any questions on your pet recommended healthcare plan or the available payment options, please do not hesitate to ask. We are here to help you.

Fees are due and payable upon completion of your visit.