FINANCIAL RESPONSIBILITY AGREEMENT:

I hereby authorize West Gate Veterinary Hospital Professional Staff to examine, treat, and utilize procedures or test deemed necessary for my pet(s) to ensure the best possible care.

I assume responsibility for all charges incurred to my pet(s). **I understand that payment is due at the time services are rendered and/or at the time of the pet's discharge.** If I am unable to pay in full, I must notify West Gate Veterinary Hospital prior to treatment.

Should my pet be hospitalized or require extensive treatment, I will receive an estimate of the cost and **before I leave I agree to pay the required 50% of the estimated cost** and pay the remaining balance when the pet is discharged.

A non-payment will be considered default after (5) five days overdue and a late charge of 18 % APR monthly will be applied to all unpaid balances plus any collections and/or reasonable attorney fees that incurred in an attempt to collect this debt. Acceptable payment types are: Cash, Checks, Debit Cards, Visa, Master Card, Discover, American Express, and Care Credit Cards.

In accordance with the privacy act, I understand my rights for privacy and that personal information will not be released without my consent.

I certify and authorize West Gate Veterinary Hospital to disclose the necessary information required, for the continuing good health of my pet(s), with other veterinarians, specialists, and other related third parties.

I certify that all the information is correct and I have read and understand the above information and agree to the payment terms.

To prevent the spread of infectious diseases and parasites, all hospitalized and boarded animals, to include baths, must be current on all vaccines and free of external and internal parasites. I authorize the staff to provide vaccines and parasite control as needed for my pet(s).

Owner's Signature: _____ Date: _____

Patient(s) Registration:

Pet One:

Name: _____ **Species:** Canine ☐ Feline ☐ Other: _____

_____ _____ _____
D.O.B. or Age Breed Color/Markings

Gender: **Male:** Neutered ☐ Not Neutered ☐ **Female:** Spayed ☐ Not Spayed ☐

_____
Is your pet on any special diet or medications?

_____
Are there any previous health/behavior issues we should be aware of?

Vaccine History: Not Current ☐ Current ☐ (Please provide vaccination records)

Pet Two:

Name: _____ **Species:** Canine ☐ Feline ☐ Other: _____

_____ _____ _____
D.O.B. or Age Breed Color/Markings

Gender: **Male:** Neutered ☐ Not Neutered ☐ **Female:** Spayed ☐ Not Spayed ☐

_____
Is your pet on any special diet or medications?

_____
Are there any previous health/behavior issues we should be aware of?

Vaccine History: Not Current ☐ Current ☐ (Please provide vaccination records)

Pet Three:

Name: _____ **Species:** Canine ☐ Feline ☐ Other: _____

_____ _____ _____
D.O.B. or Age Breed Color/Markings

Gender: **Male:** Neutered ☐ Not Neutered ☐ **Female:** Spayed ☐ Not Spayed ☐

_____
Is your pet on any special diet or medications?

_____
Are there any previous health/behavior issues we should be aware of?

Vaccine History: Not Current ☐ Current ☐ (Please provide vaccination records)

West Gate Veterinary Hospital

Loral Sayre D.V.M.
Larissa Booth D.V.M.
Tabitha Barber D.V.M

Thank you for choosing our hospital. We take pride in ourselves in offering high quality medical care and emphasize preventive medicine. We look forward to serving you and caring for your pet's needs. Please complete this form so we can accurately enter this information into our files. **(To open an account with us, you must be at least 18 and provide a photo I.D. such as a driver license or state I.D. for check writing purposes only.)**

If you have digital records, please email them to staff@westgatevet.com

Owner(s):

_____ _____
First Name Last Name

_____ _____ _____ _____
Street Address City State Zip Code

_____ _____
Home Phone Number Cell/Pager Number

_____ _____ _____ _____
D.O.B. (Required) Occupation Work Number E-mail Address (pet correspondence only)

_____ _____ _____
Spouse's First Name Last Name Occupation

_____ _____
Work Number Cell/Pager Number

How did you hear about us? (Circle one please)

Phone Book Our Sign Internet Other: _____ Referral From: _____

Today's Date: _____