



Woodsdale Animal Hospital

“We Believe Pets are Family, Too”



Client/Patient Registration

Tell us about you!

Your Name (1) _____ Spouse/Co-owner (2) _____
 Home Street Address _____ City _____ State _____ Zip Code _____
 Mailing Address (if different than above) _____
 Home Phone () _____ Business Phone (1) () _____ (2) () _____
 Cell Phone (1) () _____ (2) () _____
 Employer (1) _____ (2) _____
 Preferred email _____

How did you hear about us? friend sign website other _____

Tell us about your pet! (Please use additional pages for other pets)

Pet's Name _____ Dog Cat Other Breed _____
 DOB _____ Age _____ Sex: Male Female Neutered/Spayed _____
 Date of alteration _____ Color/Markings _____ Microchip/tattoo # _____
 Is the pet on heartworm preventative? No Yes Type, date of last dose _____
 Date of last heartworm test (dog) _____ Results _____
 Date of last Leukemia/FIV test (cat) _____ Results _____
 Dates of most recent vaccines: Rabies _____ (dog/cat)
 Cats: Respiratory/distemper _____ Leukemia _____ Other _____
 Dogs: Distemper _____ Parvo _____ Corona _____
 Bordatella _____ Other _____
 Previous illness/medical conditions _____
 Previous surgeries _____
 Previous/current medications _____
 Reactions to vaccines or medications _____
 On flea/tick preventive Yes Type, date of last application _____ No
 Diet: _____ Indoor Outdoor Both



About us!

Federal Drug Administration (FDA) and the NC Veterinary Practice Act require that a “Valid Veterinarian – Client – Patient” relationship be maintained on all pets/livestock that require “prescription” products including medications, prescription foods, heartworm preventatives, etc. This requirement will usually be satisfied by a yearly physical exam by a veterinarian.

Payment in full for services is due at the time of release of the pet; we accept cash, check, MasterCard/Visa and Discover. Deposits may be required for some medical/surgical cases.

Pets are released only during regular office hours and only to family members or designees by prior notification and prior payment of hospital charges.

This hospital will provide basic triage and comfort to dogs and cats that are classified as “stray” or “unidentified”. Any charges incurred will be the responsibility of the person presenting the pet OR the owner if found.

Thank You for choosing us for the care of your pet(s)!

I am the owner/agent of the above described pets; I have provided correct and current information and I agree to the financial obligations incurred with my pet(s). _____

Date _____