

Welcome to
Wasson Memorial Veterinary Clinic
LAKEPORT, CALIFORNIA

OWNER _____ OWNER'S BIRTHDATE _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PH. _____ CELL. _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____
(REQUIRED IF PAYING BY CHECK)

Please realize we have a **cash, check or credit card** only policy. Also, we expect payment upon receipt of services rendered and we are unable to set up any charge accounts. We appreciate your cooperation in this matter.

If your account becomes delinquent, we reserve the right to charge \$10.00 per month late charges and you will become responsible for any collection costs, which may be fifty percent (50%) of the unpaid principal balance, as well as court costs and/or attorney fees when so ordered by the court.

We charge \$25.00 per returned check, plus bank fees. We may also pursue in court for up to 3 times the amount of the check, plus costs and/or attorney fees when so ordered by the court.

How do you prefer to pay for today's services? Cash ☐ Check ☐ Bank Card ☐

Signature _____ Date _____

Patient's Name _____

Species: DOG CAT Other _____ Breed _____

Color _____ Birth Date _____

Sex: M F Neutered or Spayed: YES NO Referring/Regular Vet. _____

DOG VACCINATION RECORD:

	MO.	YR.	VET CLINIC
DISTEMPER/PARVO			
LEPTO			
RABIES			

CAT VACCINATION RECORD:

	MO.	YR.	VET CLINIC
DISTEMPER/UPPER RESP.			
LEUKEMIA			
RABIES			