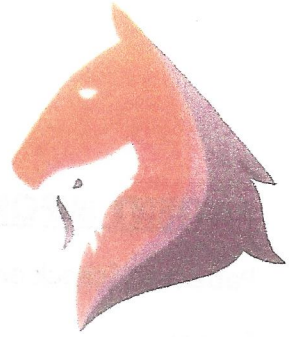




# WATERLOO ANIMAL HOSPITAL, PLLC

14755 S. Sooner Road  
Edmond, Oklahoma 73034  
405-341-4747



## WELCOME

Thank you for the opportunity to care for your pet(s). Please fill out the following information so we can become better acquainted.

### INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Cell Phone (if different from Primary) \_\_\_\_\_

Email address \_\_\_\_\_

Preferred method of contact: Primary Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text \_\_\_\_\_ E-mail \_\_\_\_\_

Do we have permission to use pictures of your pet/horse in social media? i.e. FB, our website, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

How did you become aware of our clinic? Drove by \_\_\_\_\_ Previous/Current client \_\_\_\_\_ Webpage \_\_\_\_\_

Google Search/Internet \_\_\_\_\_ Personal Recommendation (whom may we thank?) \_\_\_\_\_

If you refer someone to us and they use your name on this Welcome Sheet, you will receive \$25.00 off your next visit!

\* Please Subscribe me to the Free Pet Living and Wellness Newsletter ( ) YES ( ) NO

**Payment Policy: FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES.** Alternate payment plans must be discussed prior to the start of treatment. Deposits are required on major/surgical cases, trauma cases and emergency work where hospitalization is required. We accept Visa, Master Card, Discover, American Express and Care Credit cards. You may apply for Care Credit with us at the time of service and approval or denial is immediate. We also accept cash and personal checks. There is a fee for all returned checks.

To prevent the spread of infectious disease and parasites all in-patients, and out-patients, boarders and grooming pets must be current on all vaccines and be free of parasites. I understand this to be the strict policy of the clinic and authorize the doctors to provide my pet or pets with vaccinations and parasite control as needed and am responsible for the appropriate fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_