

Winnsboro Veterinary Medical Center
Small animal information

Last Name _____ First Name _____ Spouse _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell _____ Work _____

DOB _____ DL # _____ Place of Employment _____

Email Address _____

Pets Name _____ Breed _____ Age _____ Sex _____ Color _____

Spayed or Neutered _____

Reason for today's visit: _____

How will you be paying for your visit today: Cash Check Credit Card (MC/Visa/Discover/AmEx)

I hereby authorize Winnsboro Veterinary medical center to prescribe for, treat and/or perform surgery upon the animal presented by me. I understand that every effort will be made to achieve a successful outcome and to provide reasonable precaution against injury, escape, or death. **I the owner/agent agree to pay all fees for services rendered at the time the pet is discharged or the service is otherwise completed.** I agree, in order for Winnsboro Vet, or other agencies authorized by Winnsboro Vet, to collect any amount I may owe, I may be contacted by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. I may also be contacted by text messages or emails, using any email address I provide. Methods of contact may include using pre-recorded/artificial voice messages and or the use of an automatic dialing device, as applicable.

Signature _____ Date _____

Owner/Agent