



WESTSIDE ANIMAL HOSPITAL

631 SOUTH ASH STREET CASPER, WY 82601
TEL 307-472-5600 www.WAHCasper.com

Today's Date: ____ / ____ / ____

PATIENT DROP OFF

Pets name _____ Dog / Cat

Person with permission to make medical and financial decisions:

Name: _____ Phone: _____

Reason for visit: (check all that apply)

- Wellness Care
- Physical Exam
- Dental Cleaning
- Spay or Neuter
- Surgical Procedure:
- Illness
- Injury
- Other

What medications is your pet taking? _____

When did your pet last eat? _____

Does your pet have adverse reactions to any medication or vaccines? _____

Does your pet have other health concerns that we should know about?

AUTHORIZATION TO PROVIDE CARE

I am the owner (or authorized agent of the owner of) of my Pet. I hereby authorize and direct Westside Animal Hospital, its doctors, technicians, and assistants to perform services, procedures, diagnostics, vaccinations, treatments, and/or administration of extra label medications as deemed necessary or advisable in connection with or relating to the matters described in the attached estimate or the matters that have otherwise been explained by Westside Animal Hospital doctors or staff. I understand that there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures. I also understand that there is no guarantee as to the results of any procedures, diagnostics, vaccinations, or treatments. I understand that I may ask any questions that I have regarding any procedure, diagnostic, vaccination, or treatment recommended by Westside Animal Hospital doctors before it is performed. I understand and agree that I am responsible for the payment of any charges for overnight care. **I understand that payment is due, in full at the time services are rendered.** If for any reason payment is not made at the time services are rendered I understand that my debt may be referred to a collection agency. In the event that my debt is referred to a collection agency, I agree that Westside Animal Hospital may add an amount to my outstanding account balance to reimburse Westside Animal Hospital for the reasonable collection charge up to and including attorney's fees imposed by the collection agency. Westside Animal Hospital does not request or require personal information as a condition to payment by credit card, but card users may be required to provide proof of identity.

Owner Endorsement _____ Date _____

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