



Dana K. Yard, VMD Eric Jacobs, DVM Craig McLahan, VMD Meghan Gallagher, DVM  
7376 Ridge Avenue Philadelphia, Pennsylvania 19128 (215) 483-9896

### Client Information

Date \_\_\_\_\_ Name \_\_\_\_\_ Mr. Mrs. Ms.  
Last Name First Name Middle Initial Other \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Significant Others Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

E-mail Address \_\_\_\_\_ D.L. # \_\_\_\_\_ State \_\_\_\_\_  
\*\*\*This will be for Wissahickon Creek Veterinary Hospital use only! (Reminders, Specials, etc.) \*\*\*

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Besides yourself, in case of emergency, who should we contact? \_\_\_\_\_ Phone \_\_\_\_\_

### Pet Information

Pet's Name \_\_\_\_\_ Sex: M Neutered Unknown  
 F Spayed

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Species: Canine Feline Reptile Rodent

### Payment Policy/Treatment Authorization

I hereby authorize the veterinarians at Wissahickon Creek Veterinary Hospital to examine, treat and prescribe for the above described pet(s). I agree to assume responsibility for all charges incurred in the care for the above described pet(s). I understand that all of the charges incurred in the treatment of my pet will be paid in full at the time of discharge. We do not bill. In the event my pet has an outstanding balance I give my permission to charge the balance to my credit or debit card. I also understand that an estimate of the fees for veterinary services will be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered, and during my pet's ongoing medical treatment. Please be advised that certain prescription drugs may be available at your local pharmacy. By signing this form, I give my permission to use photos of my pet on the hospital social media pages.

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or you may ask about financing available through CARE CREDIT!

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from all internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_