



# WISE OWL ANIMAL HOSPITAL

## CLIENT FORMS

705 S Marine Corps Dr  
Tamuning, Guam 9693  
671-646-2273

### CLIENT INFORMATION

Primary Owner \_\_\_\_\_ Secondary Owner \_\_\_\_\_  
*Last First Last First*

Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Village \_\_\_\_\_ Zip Code \_\_\_\_\_ Village \_\_\_\_\_ Zip Code \_\_\_\_\_

Checkmark if both Home and Mailing Address are the same

Primary Contact # \_\_\_\_\_  Mobile Number  Landline Number

Secondary Contact # \_\_\_\_\_  Mobile Number  Landline Number

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

### AUTHORIZED CONTACTS

Some clients ask relatives, their children, or close friends to bring their pet in for them from time to time. Please include the names of those you would like to have authorized on your account (must be over 18 years of age).

I authorize the following person/people to use my file at Wise Owl Animal Hospital with my full permission to sign, make payments and approve treatment for any animals listed in my file. If any billings are made I will be held responsible if no payments are made.

Contact 1 \_\_\_\_\_ Contact # \_\_\_\_\_  
Relation to owner ( )  Mobile Number  Landline Number

Contact 2 \_\_\_\_\_ Contact # \_\_\_\_\_  
Relation to owner ( )  Mobile Number  Landline Number

Contact 3 \_\_\_\_\_ Contact # \_\_\_\_\_  
Relation to owner ( )  Mobile Number  Landline Number

### REFERENCE

Where did you hear about us?  Google  Facebook  Instagram  
 Friend / Family  Word of Mouth  Radio  
 Existing Client  Printed Ad  Youtube

PET #1 INFORMATION

Wise Owl Animal Hospital's primary goal is always to provide the best care and treatment for you and your pet. Ensure that all information listed in this document is accurate. This includes how you wish staff and doctors to proceed in the unfortunate and unforeseen circumstance of cardiac and/or respiratory arrest while your pet is in our care. Please provide as much information as possible.

PET #1 INFORMATION

Pet's Name \_\_\_\_\_

Male

Female

Spayed / Neutered

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or Estimate on age \_\_\_\_\_

Canine  Feline  Other \_\_\_\_\_

Breed \_\_\_\_\_

In the case of an emergency where CPR is needed:

Initial to perform CPR \_\_\_\_\_

Initial to decline CPR \_\_\_\_\_

PET #2 INFORMATION

Pet's Name \_\_\_\_\_

Male

Female

Spayed / Neutered

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or Estimate on age \_\_\_\_\_

Canine  Feline  Other \_\_\_\_\_

Breed \_\_\_\_\_

In the case of an emergency where CPR is needed:

Initial to perform CPR \_\_\_\_\_

Initial to decline CPR \_\_\_\_\_

PET #3 INFORMATION

Pet's Name \_\_\_\_\_

Male

Female

Spayed / Neutered

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or Estimate on age \_\_\_\_\_

Canine  Feline  Other \_\_\_\_\_

Breed \_\_\_\_\_

In the case of an emergency where CPR is needed:

Initial to perform CPR \_\_\_\_\_

Initial to decline CPR \_\_\_\_\_

PET #4 INFORMATION

Pet's Name \_\_\_\_\_

Male

Female

Spayed / Neutered

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or Estimate on age \_\_\_\_\_

Canine  Feline  Other \_\_\_\_\_

Breed \_\_\_\_\_

In the case of an emergency where CPR is needed:

Initial to perform CPR \_\_\_\_\_

Initial to decline CPR \_\_\_\_\_

## WISE OWL POLICIES

**\*\*PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED\*\* We accept cash, check, debit, Visa, MasterCard, Discover and Care Credit.**

Wise Owl Animal Hospital is committed to providing you and your pet(s) with the best possible veterinary care; therefore, ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED. Some services, such as surgery, boarding, grooming etc. will require a deposit to reserve an appointment for your pet. For your convenience, we accept cash, check (with copy of valid ID and social security #), MasterCard, Visa and Discover cards. We also participate in Care Credit as an alternative payment method. If you have any questions, feel free to ask us. We will be glad to help.

- \_\_\_\_\_ Initial 1. Should my pet be infested with parasites (worms, fleas, lice, mites, etc) when coming to Wise Owl Animal Hospital for services (be they parasite related or not), my pet will be treated with a bath and application of anti-parasite medication. I will be responsible for the cost of these treatments.
- \_\_\_\_\_ Initial 2. I fully understand that with any appointment, such as a doctor's exam, vaccines, surgeries, etc. I will be required to place/make the full reservation deposit for the said procedure, at the time the appointment is scheduled, as opposed to the after the completion of the surgery/service(s). I am also aware of the 24 hour cancellation/no-show policy and that if I do not reschedule before the 24 hour mark, my entire reservation deposit is forfeited.
- \_\_\_\_\_ Initial 3. I agree to pay for all charges incurred while my pet(s) are in the care of Wise Owl Animal Hospital. Failure on my part to pay in full at the time of my visit/services will render all discounts inapplicable.
- \_\_\_\_\_ Initial 4. I agree to pay all costs incurred by WOA, including collection agency charges, court costs, and legal fees, in collecting unpaid charges for any and all services and/or products provided by WOA.
- \_\_\_\_\_ Initial 5. All costs, including hospitalization costs shall be paid upon release from WOA. If the pet(s) is/are not picked up within seven (7) days after the expected discharge date, and if WOA is not notified in writing within those seven (7) days, my pet(s) will be considered abandoned and disposed of as the Doctor sees fit. WOA under such circumstances is liable for nothing. It is understood that this does not relieve me from paying full price for all costs of hospitalization, service, and any/all collection costs (including, but not limited to, legal fees and/or court costs).

By signing below, I HEREBY AGREE TO THE FORGOING TERMS OF PAYMENT AND AUTHORIZED WISE OWL ANIMAL HOSPITAL TO PERFORM ANY NECESSARY CARE, TREATMENT, ETC. I AGREE THAT IT IS MY RESPONSIBILITY TO PAY MY BALANCE IN FULL AT THE TIME OF SERVICE AT EVERY VISIT.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## CONSENT & MEDIA RELEASE

I, the legal owner of the above stated pet(s), hereby grant permission to Wise Owl Animal Hospital, to take and use photographs, digital images, and recordings of me and/or my animal for use in promotional, informational, or media-related materials, including but not limited to printed or electronic publications such as magazines, newspapers, websites, or social media sites. I agree that my name and identity may be revealed in descriptive text or commentary in connection with the images, and I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions, and video and audio recordings shall be the property of Wise Owl Animal Hospital.

Agree \_\_\_\_\_

Disagree \_\_\_\_\_