



*Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811*

### New Client Information

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out the following information.

Client Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Phone (        ) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Co-Owner Name \_\_\_\_\_

Cell Phone (        ) \_\_\_\_\_ Other Phone (        ) \_\_\_\_\_

Occupation \_\_\_\_\_

Referred by \_\_\_\_\_

I, the undersigned, certify that I am at least 18 years of age. I assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to the examination and/or treatment. I also understand that any appointment missed or rescheduled with less than 24 hour notice will be subject to a fee, and if I am 15 or more minutes late for my scheduled appointment, it may not be possible to be seen at that time.

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

Client Printed Name \_\_\_\_\_



