# Winslow Animal Clinic, Inc.

**Thomas B. Penn, DVM**

**Lisa G. Barfield, DVM** **Jessica Haggar, DVM**

**Christine Susumi, DVM** **Kenneth Zebrowski, DVM**

Client ID_____

Owner(s):_____

Street Address:_____

Mailing Address:_____

Email Address:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ Whom to ask for:_____

Work Phone:_____ Whom to ask for:_____

Emergency Contact:_____ Phone:_____

## Important Clinic Policies - Please Read and Sign

**Pharmacy Policy:** Due to legal controls on our profession, it is necessary to have regular evaluations of patients by the veterinarian in order to fill or refill prescriptions.

**Payment Policy:** Payment is due at the time of service and may be made by cash, check, major credit card, or Care Credit.

**Services Policy:** In order for your pet to be seen for nail trim or an anal gland expression, the pet has to have been seen within the last year and is up-to-date on vaccines.

**I have read and acknowledge the above-mentioned policies. Please sign and date.**

X_____ _____

## Patient Registration – Include ALL pets in the household

| PATIENT ID | NAME | SPECIES Canine/Feline | BREED | D.O.B. | SEX | SPAY or NEUTERED | COLOR | NOTES |
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