



Welcome!

We're very pleased that you have chosen **Westside Veterinary Hospital** for your pet's care. Please complete the following information below so that we may ensure accurate record keeping and better serve you.

Westside Veterinary Hospital

New Client Information

Owner's Name: _____ Drivers License No. _____
 Street Address: _____ Home Phone No. _____
 _____ Apt.# _____ Cell Phone No. _____
 City/State/ Zip: _____ Work Phone No. _____
 Place Of Employment: _____
 E-mail address: _____
 (used only for vaccination/information reminders through Demand Force)

How did you FIRST learn about us? (Check ONE box that tells how you FIRST heard of us)

Drove by Saw Sign/Building
 Yellow Page book
 Website
 Humane Shelter
 Internet Directory Search
 Newspaper Advertisement
 Referred by friend, relative or organization (NAME):
 Returning Former Client
 Other _____

Tell us about your pet(s).....

Please give all previous records to receptionist to make copies

DOGS(s) Name(s)	Breed	Color	Age/DOB	Sex	Altered?
CAT(s) Name(s)	Breed	Color	Age/DOB	Sex	Altered?

Is your pet experiencing problems with.....

- vomiting
 diarrhea
 sneezing
 coughing
 ears
 eyes
 itching
 limping
 seizures
 urinary
 heart
 behavior
 Other _____

Payment information: (Please check type of payment and sign statement below)

- Cash
 Check
 Visa
 Mastercard
 Discovercard
 American Express
 Care Credit

The following people have access to my account and can authorize additional pets, products, or changes to placed on my account.

Spouse / Significant Other _____ Children _____

Other _____

I UNDERSTAND THAT ALL FEES MUST BE PAID AT THE TIME SERVICES ARE RENDERED. IN THE EVENT THE ACCOUNT IS TURNED OVER FOR COLLECTION, I AGREE TO PAY COLLECTION FEES. IN THE EVENT ANY CHECK IS RETURNED I WILL BE RESPONSIBLE FOR THE CHECK AND ALL SERVICE FEES AND RELATED EXPENSES PERMITTED BY LAW.

Client Signature: _____

Date: _____