

**NEW CLIENT AND PET INFORMATION FORM****Client Information**

Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Co-Owner's Mobile Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Co-Owner's Work Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_ Website \_\_\_\_\_ Facebook \_\_\_\_\_ Drove By \_\_\_\_\_ Other / Personal Referral

Whom May We Thank? \_\_\_\_\_

**Prior Veterinarian Information**

Practice Name: \_\_\_\_\_

Practice Phone #: \_\_\_\_\_ Veterinarian Name: \_\_\_\_\_

**Pet Information** *(Additional pets can be added on page 2)*

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth / Estimated Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered? \_\_\_\_\_ Spayed?

Heartworm Prevention: \_\_\_\_\_ Allergies to Vaccines / Medications? \_\_\_\_\_

Previous Surgery / Illness: \_\_\_\_\_

Special Diet / Medications / Supplements: \_\_\_\_\_

Notes: \_\_\_\_\_

**AUTHORIZATION**

By submitting this form, I hereby authorize Western Veterinary Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved.

I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit is required before diagnostics and treatments can be initiated and that payment in full is required prior to discharge of patient from Western Veterinary Hospital.

Signature of Owner / Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Please add additional pet(s) and their pertinent information below. If you only have one pet, please disregard.

**Client Information**

Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_

**Pet #2 Information**

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth / Estimated Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Neutered? ☐ Spayed?

Heartworm Prevention: \_\_\_\_\_ Allergies to Vaccines / Medications? \_\_\_\_\_

Previous Surgery / Illness: \_\_\_\_\_

Special Diet / Medications / Supplements: \_\_\_\_\_

Notes: \_\_\_\_\_

**Pet #3 Information**

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth / Estimated Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Neutered? ☐ Spayed?

Heartworm Prevention: \_\_\_\_\_ Allergies to Vaccines / Medications? \_\_\_\_\_

Previous Surgery / Illness: \_\_\_\_\_

Special Diet / Medications / Supplements: \_\_\_\_\_

Notes: \_\_\_\_\_

**Pet #4 Information**

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth / Estimated Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female ☐ Neutered? ☐ Spayed?

Heartworm Prevention: \_\_\_\_\_ Allergies to Vaccines / Medications? \_\_\_\_\_

Previous Surgery / Illness: \_\_\_\_\_

Special Diet / Medications / Supplements: \_\_\_\_\_

Notes: \_\_\_\_\_