WEST CHESTER
Veterinary Medical Center

West Chester Veterinary Medical Center
1141 West Chester Pike, West Chester, PA 19382
(610) 696-8712 · westchestervetmedcenter.com

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 West Chester Veterinary Medical Center 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 West Chester Veterinary Medical Center.

Signature of Owner / Agent: _____ Date: _____

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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: _____

_____