

Westridge Animal Hospital

New Client/Pet Form

Pet Owner's Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

Spouse/Co-Owner _____ Cell _____

Email _____

How would you like to receive your pets wellness reminders? (select all that apply)

Text Email Postcard

Reason for today's visit:

Dental Care

Date of last dental cleaning? _____

Pet Information

Heartworm Preventative

Is your pet currently taking heartworm
preventative? YES NO

Pet's Name _____

If yes, what brand? _____

Birth Date _____ Species _____

Flea Preventative

Breed _____ Color _____

Is your currently taking flea preventative?

Spayed Female Not Spayed Female

YES NO

Neutered Male Not Neutered Male

If yes, what brand? _____

Medical Conditions (heart murmur, diabetes, etc.)

All fees are due on release of your pet for
the completion of routine or emergency

treatments. In the case of any type of
hospitalization, or surgery, a deposit is
required upon admittance of the patient.

You will be provided with a written
estimate before any surgical procedure is
performed.

Vaccination History (month/year)

Canine Distemper/Parvo _____

Bordatella _____

Feline Distemper _____

Feline Leukemia _____

Rabies _____

(signature)