



New Client & Patient Information

Client Information

Owner Name _____ Secondary Owner _____

Home Phone _____ Cell _____ Work _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Driver's License # and Issuing State _____ Expiration Date _____

Have you been to our hospital before? Yes No

Where Did You Hear About Us? Phone Book Television Radio Family Veterinarian
 Location Family/Friend Internet Sign Other:

Patient Information

Pet Name _____ Gender _____ Spayed/Neutered Yes No

Breed _____ Color _____ DOB/Age _____

Family Veterinarian

Vet Clinic/Hospital _____ Doctor _____

Authorization

I, the undersigned owner or agent of the owner, certify that I am _____ I am not _____ (check one) 18 years of age or older, and do hereby authorize WestVet veterinarians and technicians to examine my pet and administer treatment as is considered necessary for my pet's condition.

A treatment plan with care options will be discussed with me prior to any diagnostic treatments. In life-threatening situations, stabilizing care may be instituted immediately upon arrival. I authorize WestVet to fax or e-mail my pet's medical record to my family veterinarian listed above.

I have received and read WestVet's financial policy. I understand the terms of the financial policy and I acknowledge that payment is due in full at the time of service. _____

Initials

I hereby release WestVet of all liability in the event of an injury, bite, fall, or any other circumstance while I/my family members am/are visiting the hospital. I understand WestVet may refuse services for any reason.

Signature _____ Date _____ Time _____ am pm