



Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

E-mail Address: _____ Driver License (State and #) _____

Preferred method of contact phone call text message e-mail

Employer's Name & Address: _____

If Military: Rank: _____ P.C.S. _____ E.T.S _____

Spouse's/Other's Employer Name & Address _____

In Case of EMERGENCY, Call _____ At Phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered.

Name of Previous/Current Veterinarian: _____

Did you bring vaccine/medical history today? Yes No

How did you hear of our hospital?

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that if veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge, continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned and are hereby authorized to dispose of my pet as you deem best and/or necessary.

Signature _____ Date _____

I hereby consent for **Westwood Pet Care** and their associates to take photo and video of my pet and hereby release to **Westwood Pet Care** the use of my pets picture, image, or likeness for any publicity, educational, and/or marketing materials and forgo any rights to monetary compensation.

Signature _____ Date _____

Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Used			
Hours Spent Outside Each Day			
Medical History - Prior Illness/Surgery:			