



NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to WestPaws Veterinary Center. Our mission is to provide our clients and their pets with the very best veterinary health and wellness care. So we may provide you with exceptional service, please take a few minutes to share information about you and your pet. Thank you!

PATIENT INFORMATION

PET'S NAME: _____ Sex: ☐ Male ☐ Female Neutered or Spayed: ☐ Yes ☐ No
SPECIES: ☐ Dog ☐ Cat ☐ Other _____ BREED: _____
COLOR: _____ PET'S DATE OF BIRTH (mm/dd/yy): _____
REASON FOR BRINGING PET IN: _____
Does your pet have any allergies, special medications, or health problems we should know about? ☐ Yes ☐ No
If yes, what? _____
What type of food does your pet eat? _____ Amount? _____ How often? _____
What is the date of your pet's last Rabies vaccination? _____ Rabies tag number: _____
Who was your previous veterinarian / animal hospital? _____
Are there any other pets in the household? ☐ Dog ☐ Cat ☐ Bird ☐ Rabbit ☐ Ferret ☐ Reptile ☐ Other _____

CLIENT INFORMATION

FIRST NAME: _____ LAST NAME: _____
SPOUSE FIRST NAME: _____ SPOUSE LAST NAME: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: _____ ☐ Home ☐ Cell ☐ Work Extension: _____
Secondary Phone: _____ ☐ Home ☐ Cell ☐ Work Extension: _____
Tertiary Phone: _____ ☐ Home ☐ Cell ☐ Work Extension: _____
E-MAIL ADDRESS: _____ → (Help us **Go Green** by using digital communications!)
Employer: _____ Address: _____
Emergency Contact: _____ Phone Number: _____
For check writing privileges, please provide your Driver's License Number: _____ Exp. Date: _____

How Did You Hear About Us?

☐ Referred by friend If so, whom may we thank? _____
☐ Referred by veterinarian If so, whom may we thank? _____
☐ Drove by ☐ Brochure ☐ Previous Client ☐ Website (<http://www.westpaws.com>) ☐ Other: _____

The staff of WestPaws Veterinary Center may, on occasion, obtain images of patients that we wish to use for education and/or entertainment purposes. I, the undersigned, authorize the release and use of photographs of the above mentioned pet on the website of WestPaws Veterinary Center, in print media, on a brochure, and/or on social media outlets. I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information. _____ (Initial)

AUTHORIZATION

By signing this form, I assume responsibility for all charges incurred in the care of this animal. I understand that these charges are to be paid at the time of patient release, and that a deposit may be required for treatment, surgery, and/or hospitalization. (For your convenience, we accept cash, check, MasterCard, Visa, Discover, American Express, and Care Credit.) I agree to pay a monthly billing and financing fee equal to 1.5% of any unpaid balance. I authorize the veterinarians of WestPaws Veterinary Center to examine, prescribe for, and treat the above described patient.

SIGNATURE OF OWNER: _____ DATE: _____