



# Westwood Regional Veterinary Hospital

## PATIENT/ CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

At what time: \_\_\_\_\_ and what phone number : \_\_\_\_\_ is it best to call about your pet?

In case of EMERGENCY, please call: \_\_\_\_\_ at telephone number: \_\_\_\_\_

***Can We Send You Appointment Reminders For Your Pet Via Text Message?*** Yes [  ] No [  ]

**We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.  
PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

### How did you hear about our hospital?

Location \_\_\_\_\_ Newspaper \_\_\_\_\_ Magazine \_\_\_\_\_

Word of Mouth \_\_\_\_\_ Website \_\_\_\_\_ Current Client \_\_\_\_\_

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.** I authorize Westwood Regional Veterinary Hospital to request and collect records from any previous veterinary hospital/clinic/ shelter etc. I also acknowledge that I am the owner and/or legal guardian of the pets listed on this form and take complete responsibility for the care, and any services provided for my pet.

**Please Sign:** \_\_\_\_\_

I allow for Westwood Regional Veterinary Hospital to take pictures of my pet and post them on social media. **Yes** [  ] **No** [  ] (**Please check**)

**(PLEASE TURN PAGE OVER FOR PET INFORMATION)**

## ANIMAL MEDICAL HISTORY

**(PLEASE COMPLETE ALL INFORMATION FOR EACH PET)**