

**WESTERN HILLS  
ANIMAL HOSPITAL**

**Client/Patient Information**

Thank you for giving us the opportunity to care for your pet. In order to help us better meet your needs, please complete the following information.

Having your form ready will help your first visit to Western Hills Animal Hospital go smoothly. You won't be searching for important information, taking time away from your appointment. We want to spend the full appointment time with our new clients and their pets, maximizing your valuable time as well. This is one reason why we choose to see patients by appointment only. Please call the office at 922-2266 to schedule your visit if you haven't already done so.

**Client Information**

Date \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Drivers License # \_\_\_\_\_ SS# \_\_\_\_\_

E-Mail Address \_\_\_\_\_  
Do you want your reminders sent by E-Mail. Yes \_\_\_ No \_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Patient Information**

<u>PET'S NAME</u>	<u>CAT/DOG</u>	<u>DOB</u>	<u>SEX</u>	<u>DESCRIPTION</u>

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

In case of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa and Discover. There will be a \$20.00 service charge for any check returned unpaid.

My signature below indicates I understand and accept financial responsibility for all fees incurred.

Signature of responsible agent; \_\_\_\_\_