



Client & Patient Information

Client Information

Name(s): _____ Secondary Owner: _____

Home Phone: _____ Cell: _____ Work: _____

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

E-mail Address: _____

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: _____ Sex: Male Female Spayed/Neutered: Yes No

Breed: _____ Color: _____ DOB/Age: _____

Primary Veterinarian

Name of Practice: _____ 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 of care options will be discussed prior to any invasive or diagnostic treatments. In life-threatening situations, stabilizing care may be instituted upon arrival. I authorize WestVet to fax or email 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 injury, bite, fall or 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