



Brian Loudis, DVM
Callie Meeder, DVM

Trevor Miller, DVM
Stephanie Sur, DVM

New Client Form

Owner's Name: _____

Owner's Address: _____ City: _____

State: _____ Zip Code: _____

Preferred Phone: (____) _____ Cell/Home/Work Is Text ok? Yes / No

Secondary Phone : (____) _____ Cell/Home/Work Is Text ok? Yes / No

Email: _____

Co-Owner's Name: _____

Co-Owner's Phone: (____) _____ Cell/Home/Work Is Text ok? Yes / No

Patient Information

Patient's Name: _____ Nickname: _____

Patient's D.O. B or Approximate age: _____

Species: Dog Cat Other: _____ Female / Male Spayed / Neutered

Breed: _____ Color: _____

Microchipped? Yes/No # _____

Previously Vaccinated? Yes/No Dates: _____

If you do not have records with you, where might we call to receive them? _____

Abnormalities, previous problems, drug/vaccine reactions: _____

Our Financial Policy

- We expect full payment at the time of service/discharge unless PRIOR arrangements have been made.
- We accept cash, check, Visa, Mastercard, Discover, American Express, Scratch Pay, Care Credit, and debit cards.
- Pick-ups by non-owners must be pre-authorized and payment arrangements made in advance.

I have read, understand, and agree to the above policies.

Signature: _____ **Date:** _____

I give Westside Pet Hospital Permission to share photos of my pet on their website or social media.
YES / NO



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