**­­**

**New Client Information Form**

# Owner’s Full Name (Dr/Mr/Mrs/Miss/Ms): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_

Home (\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_ Business (\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_Ext. \_\_\_\_\_\_\_\_

Cell (\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_ **Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Spouse’s/Co-Owner’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact # (\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

How did you become aware of our hospital? 🞎Drove by 🞎Yellow Pages or 🞎Other \_\_\_\_\_\_\_\_

Whom May We Thank For This Referral? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following best describes this visit? 🞎 This is a one-time visit.

 🞎 I would like Westoak Animal Hospital to become my regular clinic.

Photographs of pets may be taken at any time for medical records. These photos may be used for display or shared on websites & social media.

 🞎 Yes, I give permission to take and use my pet’s photo. 🞎 No thank you.

 🞎 Yes, I allow this hospital to provide vaccine information to grooming/boarding facilities. 🞎 No thank you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Pet Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (MM/DD/YYYY)

Species: Cat (declaw – Yes No / Indoor Outdoor ) Dog Other

Male Female Spayed/Neutered Yes No

Weight \_\_\_\_\_\_\_ lbs / kg Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colour \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tattoo\_\_\_\_\_\_\_\_\_\_\_\_\_ Microchip YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO

Current Diet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Is your pet insured YES NO Insurance Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Vaccination Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What, if any, medical condition does your pet have? And is your pet on any medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All accounts are due when services are rendered.**

**If there is a problem, please speak with the receptionist before seeing the veterinarian**.

OFFICE USE ONLY: C / I / R / V / Hx Attached / Consent Attached / Photo uploaded

Intake\_\_\_\_\_\_\_\_\_ Verified by\_\_\_\_\_\_\_\_\_\_