

WELCOME

WEST END VETERINARY OFFICE

845-565-0804

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions that you may have. To insure the best care possible, please fill out this form completely. Thank you!

OWNER INFORMATION

PLEASE PRINT CLEARLY

OWNER: _____

ADDRESS: _____

CITY / TOWN _____ STATE _____ ZIP _____

EMAIL: _____ CELL PHONE: (____) _____ - _____

HOME PHONE: (____) _____ - _____ DRIVERS LICENSE #: _____

OCCUPATION / EMPLOYER: _____ WORK PHONE: (____) _____ - _____

WHAT NUMBER DO YOU PREFER TO BE CONTACTED AT? _____

ADDITIONAL OWNER NAME: _____

EMAIL: _____ CELL PHONE: (____) _____ - _____

HOME PHONE: (____) _____ - _____ DRIVERS LICENSE #: _____

OCCUPATION / EMPLOYER: _____ WORK PHONE: (____) _____ - _____

HOW DID YOU HEAR OF US? PLEASE CIRCLE- INTERNET ANOTHER VET OFFICE PET STORE LOCAL BUSINESS
FRIEND OTHER _____

PLEASE HELP US SHOW OUR APPRECIATION. WHO CAN WE THANK FOR THIS REFERRAL? _____

HOW WILL YOU BE PAYING FOR TODAY'S VISIT?

CIRCLE METHOD OF PAYMENT: CASH MASTERCARD VISA DISCOVER AMERICAN EXPRESS
CHECK (CHECKS WILL BE VERIFIED BEFORE ACCEPTANCE) (VALID DRIVERS LICENSE IS
REQUIRED FOR CREDIT OR CHECK) or PAYMENT PLAN (CARE CREDIT)

PET INFORMATION

NAME OF PET: _____ () DOG () CAT () OTHER _____

BREED: _____ COLOR: _____ DOB: _____ - _____ - _____

() MALE () NEUTERED () FEMALE () SPAYED

DID YOU BRING YOUR PREVIOUS RECORDS TODAY? _____

AUTHORIZATION

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE PET(S). I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF EACH VISIT AND A DEPOSIT MAY BE REQUIRED IF THE ANIMAL IS HOSPITALIZED.

We would love to feature your pet(s) on our website or social media site from time to time. Please initial to give us permission. _____

SIGNATURE OF OWNER: _____ DATE: _____