

West Shore Animal Hospital

PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving West Shore Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

OWNER _____ SPOUSE _____
LAST FIRST INITIAL LAST FIRST INITIAL

ADDRESS _____
STREET CITY STATE ZIP CODE

BEST NUMBER TO REACH YOU _____
#2 _____ #3 _____

EMAIL ADDRESS _____

How would you prefer to receive reminders for your pet? Email Postcard

PLACE OF EMPLOYMENT _____

SPOUSE'S PLACE OF EMPLOYMENT _____

PET INFORMATION (Please fill in the following for each pet)

	Pet 1		Pet 2		Pet 3	
NAME						
BREED						
APPROXIMATE DATE OF BIRTH						
DESCRIPTION (color)						
SEX	M	F	M	F	M	F
SPAYED OR NEUTERED?	Y	N	Y	N	Y	N
DATE OF LAST VACCINE						
DATE OF LAST RABIESVACCINE						
ON HEARTWORM PREV.? (Dogs)	Y	N	Y	N	Y	N

PAYMENT POLICY

All fees must be paid in full at the time services are performed or upon discharge from the hospital. *Any exception to this policy must be authorized prior to the performance of any service.* Estimates are usually given, but please feel free to request one. Any bill not settled to the satisfaction of the hospital may result in the non-release of the pet.

How will you be paying for the services you receive today? ___Cash ___Credit/Debit ___Check
If paying by check, please provide NC Driver's License Number at Checkout to Receptionist.

CLIENT'S SIGNATURE