

# 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