



NEW PATIENT & CLIENT INFORMATION SHEET

CLIENT INFORMATION

First name _____ Last name _____
Spouse first name _____ Spouse last name _____
Address _____ City _____ State _____ Zip _____
Home phone (_____) _____ Cell (_____) _____ Spouse Cell (_____) _____
E-mail address _____ (used for appointment reminders and coupon offers)
Employer _____ Employer phone (_____) _____

PATIENT INFORMATION

Pet's name: _____ Male Female Neutered or spayed? Yes No
Species: Dog Cat Bird Ferret Reptile Rabbit Other _____
Pet's Date of Birth (Month/Day/Year) ____/____/____ Breed _____ Color _____

Dates of last vaccinations:

Dogs: DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____ Kennel cough: _____
Heartworm test: _____ Is your dog on heartworm preventives? Yes No

Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____ Feline leukemia: _____

How did you become aware of our hospital?

- Referred by friend Whom may we thank? _____
 Referred by veterinarian Whom may we thank? _____
 Drove by Brochure I'm a former client www.westernprairievet.com
 Yellow pages: Which one? _____

Due to the high cost of billing, all services are "payment due at time of service". For your convenience, we accept cash, check, Master or Visa card, and Care Credit. If it is necessary to leave your pet for treatment or surgery, 50% of the estimated charges are due upon admission and the balance when pet is dismissed.

By signing below, I assume all financial responsibility for charges incurred to this patient, as well as any other patients listed on my account. I understand that if I fail to pay my account in full, and my account becomes delinquent, that I will be held liable for 100% of the cost associated with collections.

I have read and understand the above statements and agree to all terms therein.

Signed _____ Date _____
Owner

Signed _____ Date _____
Spouse