WESTLAKE ANIMAL HOSPITAL

*Byron Hassell, DVM Felicite Waterman, DVM Erin Morgan, DVM Nyurka Ojeda, DVM Andrew Dunn, DVM*

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**CLIENT/PATIENT INFORMATION FORM**

(Please print)

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: Mr. Mrs. Ms. Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City State Zip

HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL ONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF EMPLOYMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPOUSE’S PLACE OF EMPLOYMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED\****

### PATIENT INFORMATION

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE:\_\_\_\_\_\_\_\_

SPECIES: Dog \_\_\_\_\_\_ Cat \_\_\_\_\_\_\_ Other, please specify \_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_ Color: \_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Spay/Neutered? YES \_\_\_ NO \_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE:\_\_\_\_\_\_\_\_

SPECIES: Dog \_\_\_\_\_\_ Cat \_\_\_\_\_\_\_ Other, please specify \_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_ Color: \_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Spay/Neutered? YES \_\_\_ NO \_\_\_

**Photo Release:** I hereby grant permission to Westlake Animal Hospitalto take photographs and/or video of my pet to be used on their website, social media platforms, and in other communications.

 *Please check* ***yes*** *or* ***no*** *and sign: \_\_\_\_*YES \_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 signature

  **How did you hear about us?**

 \_\_\_\_ Yellow Pages (Book) \_\_\_\_\_Internet \_\_\_\_Hospital Sign \_\_\_\_Animal Inn \_\_\_\_\_ Veterinarian (\_\_\_\_\_\_\_\_)

 \_\_\_\_ Client/Friend (\_\_\_\_\_­\_\_­­\_\_\_\_­­\_\_\_­­­) \_\_\_\_\_Other, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_