

Western Animal Hospital

1726 S. Western Ave, Los Angeles, CA 90006 Phone (323)-733-2500

CLIENT INFORMATION

Name of Owner: _____
Last First Middle

Address: _____
Street City Zip Code

Email address: _____

Cell Number: (____) _____ Home Number: (____) _____

Work Number: (____) _____

How did you learn about our clinic?

Internet

Sign

Advertisement

Referred by: _____

Driver's License / Identification Number: _____ (NEEDED FOR CARE)

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet. I assume full responsibility for all charges incurred for the care of my pet. I also understand that all fees are due at time of services rendered, and Western Animal Hospital does not bill or extend credit for any reason. Western Animal Hospital will discuss all fees prior to doctor visit when asked.

Signature: _____

Pet #1

Pet #2

Pet #3

Pet #4

	Pet #1	Pet #2	Pet #3	Pet #4
Pet's Name				
BREED/TYPE OF DOG				
AGE or DATE OF BIRTH				
COLOR?				
MALE/FEMALE?				
SPAYED/NEUTERED?	Yes / No	Yes / No	Yes / No	Yes / No
VACCINATION HISTORY-CURRENT?	Yes / No	Yes / No	Yes / No	Yes / No
SPECIAL DIET / MEDICATIONS OR ALLERGIES				
MICROCHIPPED?	Yes / No	Yes / No	Yes / No	Yes / No
ANY SERIOUS ILLNESSES OR SURGERIES?				
REASON FOR VISIT				