

Western Animal Hospital

1726 S. Western Ave, Los Angeles, CA 90006 Ph (323)-733-2500 Fax (323)-733-2555

Client information

Please complete the following:

Your Name: _____
Last First middle

Spouses Name: _____ Home phone number: (____) _____

Address: _____
Street city zip code

Email address: _____ Cell Phone Number (____) _____

Your Place of Work: _____ Work Phone Number (____) _____

How did you learn about our clinic? _____ Advertisement _____ referred by: _____
_____ Phone Book _____ Sign

Drivers License 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.

Your Signature: _____

Pet Name: #1 #2 #3 #4 _____

BREED				
DATE OF BIRTH				
COLOR				
SEX				
SPAYED/NEUTERED?	CIRCLE ONE YES/NO			
VACCINATION HISTORY-CURRENT?	CIRCLE ONE YES/NO			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medicines? _____

Is your pet on any special diet or medications? _____

Does your pet have a Microchip? # _____