

## Westview Veterinary Hospital 3032 Napoleon Road Fremont, Ohio 43420 419-332-5871

## **New Client Form**

Welcome and thank you for choosing us to care for your pet(s). Our hospital policy is to provide your pet with quality care. Please take a few minutes to fill out some information for you and your pet(s). If you have any questions, please don't hesitate to ask.

Owner Name:					
Address:					
City: Cel	State:	Zip:	County:		_
Phone #: Cel	l Phone:	E-mai	l:		-
DL#S Employer:S	SS#		<u>-</u>		
Employer:		Employer l	Phone:		
ignificant Other:		Cell P	hone:		
DL#:SS#:	gnificant Other: Cell Phone: L#: SS#: mployer: Employer Phone: S number required for both Owner and spouse on any account not paid in full)				
Employer:		Employer P	hone:		
(SS number required for both C	Owner and spour	se on any accou	nt not paid in full)		
Pet Information:					
Pet Name:	DOB:	Pet	: Name:	DOB	•
Pet Name: Species: (Circle one) Dog Breed:	Cat Other:	Sp	ecies: (Circle one) Dog	Cat	Other:
Breed:	Sex:	Bro	eed:		Sex:
Breed:Altered?: Y/N Color:	 Alt	eed:eed:			
Other  If we were recommended to y				gift certi	ficate.
Whom may we thank?					
I, the undersigned, hereby auth responsibility for all charges in time of release and that a depos	curred in the ca	re of my pets. I			
Signature of responsible Owner	r/agent Signa	ture of responsi	ble Owner/agent	Date	
I, authorize and grant to Westvi photographs of me and/or my p copyright, use and publish the s Veterinary Hospital, Inc., may lawful purpose, including but n	pet(s). I also here same in print an use said photogr	eby grant to We d/or electronica raphs of me and	stview Veterinary Hospitally as they see fit. I furthe /or my pet(s) with or with	al, Inc., the er agree to nout my n	ne right to hat Westview hame and for any
SOCIAL MEDIA RELEASE			Accept	D	ecline