

# Westside Veterinary Clinic

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800 West Highland Ave, Flagstaff, AZ 86001 - (928) 779-0148 - contact@westsidevet.org

## Primary Owner

Name (First & Last): \_\_\_\_\_ Pronouns: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Vet: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Secondary Owner

Name (First & Last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Type (home,work,cell): \_\_\_\_\_

## Emergency Contact

Name (First & Last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Type (home,work,cell): \_\_\_\_\_

How did you hear about us?  Drive by  Online  Social Media  Current Client  Other

Individual we may thank? \_\_\_\_\_

## Clinic Policies

### **I understand that professional fees are due at the time of services are rendered.**

I authorize Westside Veterinary Clinic to perform an exam to carry out any necessary medical or therapeutic care for pet(s) listed on the reverse side of this form. I agree to pay for all charges incurred for diagnosis, care, and treatment of said pet(s). I understand these charges are to be paid at the time of release/discharge and a deposit may be required for treatment. If any unpaid balance, or portion thereof, is turned over for collection, I agree to pay collection charges and attorney's fees/costs.

### **Up-to-date rabies vaccines are required for all patients in good health in order to be treated.**

This policy is required by law in order to prevent the spread of infectious diseases and to protect the health and safety of our patients, clients, and staff. I authorize the veterinarian to provide rabies vaccines as needed for my pets

- I have read and agree to Westside Veterinary Clinic's policies
- I understand my signature below makes me financially responsible for the pet(s) listed on this for form
- I give permission to have my pet's photos shared on Westside Veterinary Clinic's social media pages

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER** —>

## Pet Information & Medical History

	1st Pet	2nd Pet	3rd Pet
Name:			
Species (cat, dog, lizard, etc.):			
Breed:			
Color/Pattern:			
Age/Birthdate:			
Gender:			
Spayed/Neutered?			
Adopted/Received from:			
Microchip #:			
Current Food:			
Current Medications:			
Current Supplements:			
Heartworm Prevention:			
Flea & Tick Prevention:			

**Please enter the date & duration of the last vaccine or test if known.**

Rabies Vaccine:			
DA2PPV/DAPP Vaccine (dog only):			
Parvovirus Vaccine (dog only):			
Bordatella Vaccine (dog only):			
Heartworm Test (dog only):			
FVRCP/RCP Vaccine (cat only):			
Leukemia/FeLV Vaccine (cat only):			
FeLV/FIV Test (cat only):			
Deworming (all species):			

