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): _____ Preferred Pronoun: _____

Mailing Address: _____ City/State: _____ Zip: _____

Physical Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Previous Vet: _____ Phone Number: _____

SECONDARY OWNER

Name (First & Last): _____ Relationship: _____

Phone Number: _____ Phone Type (Cell, Home, Work): _____

EMERGENCY CONTACT

Name (First & Last): _____ Relationship: _____

Phone Number: _____ Phone Type (Cell, Home, Work): _____

How did you hear about us? ☐ Drive by ☐ Search Engine ☐ Social Media ☐ Radio ☐ Other

Individual we may thank? _____

CLINIC POLICIES

I UNDERSTAND THAT PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

I authorize Westside Veterinary Clinic to perform an exam and carry out any necessary medical or theraputic care for the pet(s) listed on the reverse of this form. I agree to pay for all charges incurred for diagnosis, care, and treatment of said pet(s). I understand that 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 pet(s).

☐ I have read and agree to Westside Veterinary Clinic's Policies

☐ I understand that my signature below makes me financially responsible for the pet(s) listed on this form

☐ I give permission to have my pet's photo shared on Westside Veterinary Clinic's social media page(s)

Signature: _____ Date: _____

OVER→

PET INFORMATION & MEDICAL HISTORY

	1st Pet	2nd Pet	3rd Pet
Name:			
Species (cat, dog, etc):			
Breed:			
Color/Pattern:			
Age/Birthdate:			
Gender:			
Spayed/Neutered:			
Adopted From:			
Microchip #:			
Current Food:			
Current Medications:			
Current Supplements:			

Is your pet currently on:

Heartworm Prevention:	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Flea & Tick Prevention:	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

DOG

(Please enter date & duration of last vaccine or test if known)

Rabies Vaccine:			
DA2PPV/DAPP Vaccine:			
Parvovirus Vaccine:			
Bordetella Vaccine:			
Other Vaccines:			
Heartworm Test:			
Deworming:			

CAT

(Please enter date & duration of last vaccine or test if known)

Rabies Vaccine:			
FVRCP/RCP Vaccine:			
Leukemia/FeLV Vaccine:			
FeLV/FIV Test:			
Deworming:			