

# Westside Veterinary Center

220 West 83<sup>rd</sup> Street  
New York, NY 10024

**CLIENT INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse  / Roommate  \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Employers Name \_\_\_\_\_

Spouse/Roommates Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

In case of EMERGENCY, Please call \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

Estimates are provided upon request. Please ask the receptionist or doctor.

Initial visits are not payable by check however check payments are welcomed thereafter. For future check payments please provide the following:

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Driver's License State \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Acct # \_\_\_\_\_ Exp \_\_\_\_\_

If you wish to authorize the use of your credit card in case of emergency or in your absence, please sign below

How did you become aware of our Hospital? Internet \_\_\_\_\_ Yelp/Social Media \_\_\_\_\_ Neighborhood \_\_\_\_\_

Referral (Whom may we thank?) \_\_\_\_\_ Other \_\_\_\_\_

PATIENT INFORMATION	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED OR NEUTERED			
<b>YOUR DOG'S HISTORY:</b>			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
<b>YOUR CAT'S HISTORY:</b>			
RABIES			
FVR - CP			
LEUKOCELL			
LEUKEMIA TEST			
FECAL (STOOL SAMPLE)			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

What is your pets diet? \_\_\_\_\_

Pet Origin: ASPCA/ Shelter Breeder Pet Store Stray Friend Other \_\_\_\_\_