

Western Veterinary Clinic

P.O. Box 699
Williston, ND 58802
(701)-572-7878

New Client/Patient Information

Client Information

Name _____ Spouse's Name _____
Address _____
City _____ State _____ Zip Code _____ Email _____
Home Phone _____ Cell Phone _____
Work Phone _____ Spouse's Phone _____
Place of Employment _____ Social Security Number _____

Pet Information

Name _____ Species (Canine / Feline) Breed _____
Age _____ Gender M / F Spayed/Neutered Y / N Color _____
Microchip Number _____ Diet _____
Vaccine Last Given on (Date) Rabies _____ DAP _____ Bordatella _____ FVRCP _____ FELV _____ Other _____
Does your pet have a chronic medical condition (i.e. allergies, vaccine reactions, immune mediated disease, on long term medication?) _____ Reason for Visit _____

Full payment is required at the time services are provided. I understand that upon my request the hospital staff will provide an estimate of any current and/or anticipated charges. By signing below, I am authorizing veterinary care be provided for the pet(s) presented by me or by agent(s). I am the legal owner/agents of this/these pet(s) and as owner/agent I understand that I am financially responsible for all services provided.

Signature _____ Date _____

CHARGES:

Item#	Quantity	Price	Item #	Quantity	Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COMMENTS: