

Westside Veterinary Clinic

Date: _____

Toni Barnes, DVM - LeAnn Romans, DVM - Jenny Siess, DVM
963 W. Route 66 Building 2 Suite 230 - Flagstaff, Arizona 86001 - 928.779.0148
contact@westsideveterinaryclinic.com

New Client Information

Name (First and Last): _____ Co-Owner Name: _____
Mailing Address: _____ City & State: _____ Zip: _____
Physical Address if Different: _____ City & State: _____ Zip: _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____ Email: _____
Co-Owner Cell Phone Number: _____ Co-Owner Work Phone Number: _____
Occupation/Employer: _____ Co-Owner Occupation/Employer: _____
If necessary, may we call you at work? Yes No Besides yourself, in case of an emergency who should we contact? Name: _____ Phone Number: _____
How did you hear about us? Sign/Drove by Yellowpages Google/Facebook E-Clinic KNAU Other
Name of Client we may thank: _____ Previous Vet: _____

New Patient # 1 Information

Name: _____ Age/DOB (or best estimate) _____
Species: Cat Indoor only? Yes No Dog Avian Rabbit Reptile Rodent Other _____
Breed: _____ Color: _____ Sex: Male Neutered
Microchipped: Yes No Chip # _____ Female Spayed
Current food: _____ Known Allergies: _____
Important Medical Issues: _____
Current Medications: _____
Vaccinations: (Please write the expiration date if known)

Cat	Dog
Rabies	Rabies
FeLV (Leukemia)	Distemper/Parvo (DA2PPV)
FVRCP	Bordetella
	Leptospirosis
	Lyme
	Rattlesnake
FeLV/FIV Test Yes <input type="checkbox"/> No <input type="checkbox"/>	Heartworm Test Yes <input type="checkbox"/> No <input type="checkbox"/>

New Patient # 2 Information

Name: _____ Age/DOB (or best estimate) _____

Species: Cat Indoor only? Yes No Dog Avian Rabbit Reptile Rodent Other _____

Breed: _____ Color: _____ Sex: Male Neutered

Microchipped: Yes No Chip # _____ Female Spayed

Current food: _____ Known Allergies: _____

Important Medical Issues: _____

Current Medications: _____

Vaccinations: (Please write the expiration date if known)

Cat	Dog
Rabies	Rabies
FeLV (Leukemia)	Distemper/Parvo (DA2PPV)
FVRCP	Bordetella
	Leptospirosis
	Lyme
	Rattlesnake
FeLV/FIV Test Yes <input type="checkbox"/> No <input type="checkbox"/>	Heartworm Test Yes <input type="checkbox"/> No <input type="checkbox"/>

Clinic Policies

We will gladly prepare a written estimate for you at your request. Please ask your Doctor or Technician during your appointment.

PAYMENT IS DUE IN FULL AT THE TIME OF SERVICES.

We accept Cash, Check, AMEX, Discover, Visa, and Mastercard. In the case of extensive medical or surgical procedures where full payment may be difficult at discharge ask about payment financing through Care Credit. Advanced minimum deposit of ½ your estimate is expected for all animals left in the clinic over night for treatment or diagnostics; this also applies to extensive treatment of severely ill patients staying for hospitalization.

To prevent the spread of infectious diseases and protect our patients and staff rabies vaccines are required for all patients who are in good health before any stay in the clinic for services or elective surgeries/procedures.

I agree to and have read Westside Veterinary Clinic's Policies
Westside Veterinary Clinic has permission to share my pet's picture on Facebook Yes No

Signature: _____

Date: _____