

Westside Veterinary Clinic

Date: _____

Jenny Siess, DVM - Toni Barnes, DVM - Chelsey Rae Calhoun, DVM - Joy Hatcher, 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 (if you would like vaccine reminders, we do not mail them): _____

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: _____

PREVIOUS 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: _____

PREVIOUS 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 or ScratchPay. 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: _____