

WESTERN VETERINARY CLINIC

25190 State Road 2
South Bend, IN 46619

For Office Use:
ID _____ C _____ S _____

(574) 234-3098
Fax (574) 287-3835
info@westernvet.com

NEW CLIENT REGISTRATION

We at Western Veterinary Clinic are excited about caring for your pet. Please take a few moments to write down some important information for us so that we know how best to serve you. If you have more than one pet there are additional spaces provide on the back of this sheet so that we can know about them too!

YOUR PET Name: _____ **Species:** Dog Cat Horse Other _____

Sex: Male Neutered Female Spayed **Breed:** _____ **Color:** _____

Age or Date of Birth: _____ **Previous or Referring Veterinarian:** _____

Last Vaccinations: _____

Does your pet have any allergies or pre-existing conditions? _____

In the event your pet becomes lost, may we release your name, address, and phone number to the finder?

Yes No

OWNER INFORMATION **First Name:** _____ **Last Name:** _____

Home Phone: _____ **Work/Cellular Phone:** _____ **Emergency Phone:** _____

Street Address: _____

City: _____ **State:** _____ **County:** _____ **Zip:** _____

Spouse/Alt Contact: _____ **Relation:** _____ **Phone:** _____

Alt Contact: _____ **Relation:** _____ **Phone:** _____

Email Address _____

We would like to send you important reminders about your pet's health through e-mail.

Do we have your permission to use this service? Yes No

How did you hear about us? Friend/Family Member Location Yellow Pages Internet Other _____

Payment is due when services are rendered. We accept cash, checks, Visa, MasterCard, Discover, and CareCredit.

If you would like to have a Credit Card on file please provide the following information:

Visa MasterCard Discover Card CareCredit Number _____ exp. _____

For check writing privileges: Social Security Number: _____

I hereby agree that all names, addresses, and phone numbers on this form are approved by me to receive any and all medical records and/or information about my pet unless otherwise stated. I hereby agree that in the event of default in payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including attorney fees and court costs incurred and permitted by law governing these transactions.

Owner Signature _____ **Date** _____

It's our pleasure to serve you and your pet! Visit us at westernvet.com

OTHER PET INFORMATION

Name: _____ Species: Dog Cat Horse Other _____

Sex: Male Neutered Female Spayed Breed: _____ Color: _____

Age or Date of Birth: _____ Previous or Referring Veterinarian: _____

Last Vaccinations: _____

Does your pet have any allergies or pre-existing conditions? _____

Name: _____ Species: Dog Cat Horse Other _____

Sex: Male Neutered Female Spayed Breed: _____ Color: _____

Age or Date of Birth: _____ Previous or Referring Veterinarian: _____

Last Vaccinations: _____

Does your pet have any allergies or pre-existing conditions? _____

Name: _____ Species: Dog Cat Horse Other _____

Sex: Male Neutered Female Spayed Breed: _____ Color: _____

Age or Date of Birth: _____ Previous or Referring Veterinarian: _____

Last Vaccinations: _____

Does your pet have any allergies or pre-existing conditions? _____

Name: _____ Species: Dog Cat Horse Other _____

Sex: Male Neutered Female Spayed Breed: _____ Color: _____

Age or Date of Birth: _____ Previous or Referring Veterinarian: _____

Last Vaccinations: _____

Does your pet have any allergies or pre-existing conditions? _____