

For Office Use:  
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# WESTERN VETERINARY CLINIC

25190 State Road 2  
South Bend, IN 46619  
**Online at:** westernvet.com

**Phone:** (574) 234-3098  
**Fax:** (574) 287-3835  
**Email:** info@westernvet.com  
facebook.com/westernvet

## 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** \_\_\_\_\_

**Do we have your permission to send importation reminders about your pet's health through email?**  Yes  No

**How did you hear about us?**  Friend or Family  Location  Phone Book  Google/Yahoo Search  
 GPS  Radio  Referring Veterinarian  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 records and/or information on my account. I hereby agree that in the event of default in payment of any amount due, or my 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, arbitration, attorney fees and court costs incurred and permitted by law.

**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*It's our pleasure to serve you and your pet!*

 Like us on Facebook.

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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? \_\_\_\_\_