



69 Huber Village Blvd.  
Westerville, Ohio 43081  
(614) 882-2332  
[www.westervillepets.com](http://www.westervillepets.com)

### CLIENT / PATIENT INFORMATION

Thank you for giving us the opportunity to care for your precious pets.  
Please help us to meet your needs by completing this form.

Date: \_\_\_\_\_

OFFICE USE ONLY  
Assigned Client #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

(Your email address will not be used for any other reason than private needs with WestVets)

Pet #1 Name: \_\_\_\_\_

Canine / Feline / Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  M  F Spayed/Neutered:  Y  N

Color / Markings: \_\_\_\_\_

Birthday: \_\_\_\_\_

Pet #2 Name: \_\_\_\_\_

Canine / Feline / Other: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  M  F Spayed/Neutered:  Y  N

Color / Markings: \_\_\_\_\_

Birthday: \_\_\_\_\_

How did you hear about us?  Website  Other Clinics  Drive By  Facebook  
 Westerville Magazine  Senior Times  ValPak

Employee, if so whom?

Personal Referral, if so, whom may we thank?

\_\_\_\_\_

#### PAYMENT OF FEES ARE DUE AT THE TIME OF SERVICES RENDERED

Our forms of accepted payment are: Cash, Check, Visa, MasterCard, Discover, American Express and Care Credit. To prevent the spread of infectious diseases and parasites, all pets that are here for daycare, hospitalized, and/or boarded, must be current on Rabies, Distemper, and Bordetella for dogs and current on Rabies, Distemper for cats. We also require our patients to be current on flea and heartworm preventions.

I, the owner of the above pet(s), authorize the staff to provide vaccines and control programs as needed for my pet to maintain proper health, as according to the policies at the Westerville Veterinary Clinic, LLC. I also, hereby agree to pay the total amount accrued at the time of my pet's discharge.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If vaccinations or other services have been provided by another veterinary clinic, please provide the following: Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_