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Longview, Texas 75604
Telephone: 903-759-6604
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Web page: www.westloopvets.com

Welcome Form

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

Client Information

Name: _____ Spouse's Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Driver's License #: _____ S.S.#: _____

Email Address: _____

(If you would like to be able to refill prescriptions, check your pet's vaccination due dates, get 24-hour access to your pet's health information, and much more, all you need is an email address!)

How did you become aware of our clinic? □ Drove by □ Phone Book □ Client

Who may we thank for their referral? _____

If your pet ever becomes lost, do we have permission to release your contact information so that we may help reunite your pet? □ No □ Yes
□ Address □ Phone Numbers □ Both (Check all information that we may release)

*****I understand that all fees are due at the time services are rendered and agree to these terms.*****

_____ _____
Signature Date

Patient Information for Pet #1

Name:	Breed:	Age or Date of Birth:
Cat ☐ Dog ☐ Avian ☐ Other		Color:
Female ☐ Spayed? Yes ☐ No ☐		Male ☐ Neutered? Yes ☐ No ☐
Is your pet current on vaccinations: Yes ☐ No ☐		
Our pet is: ☐ A Member of our family	☐ A Child's Pet	☐ A Backyard Pet
Any previous serious illnesses or surgeries?		
Any allergies to vaccinations and/or medications?		
Is your pet on any special diet or medications?		

Patient Information for Pet #2

Name:	Breed:	Age or Date of Birth:
Cat ☐ Dog ☐ Avian ☐ Other		Color:
Female ☐ Spayed? Yes ☐ No ☐		Male ☐ Neutered? Yes ☐ No ☐
Is your pet current on vaccinations: Yes ☐ No ☐		
Our pet is: ☐ A Member of our family	☐ A Child's Pet	☐ A Backyard Pet
Any previous serious illnesses or surgeries?		
Any allergies to vaccinations and/or medications?		
Is your pet on any special diet or medications?		