



# Westonka Animal Hospital and Laser Surgery Center

Thank you for choosing Westonka Animal Hospital & Laser Surgery Center. Please take a moment to familiarize us with you and your pet. For your convenience you may print our Client Information Form and complete it before your pet's first appointment with us.

## Owner Information

Last Name, First, MI: \_\_\_\_\_  
 Other Names on Account: \_\_\_\_\_  
 Email Address (for your security all email addresses are kept private): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Do you or your spouse qualify for our senior discount (62 years or older)?  Yes  
 Preferred Contact Method: (please circle) Home phone Cell phone E-Mail

## Pet #1 Information

Pet's name that we are seeing today: \_\_\_\_\_  
 Canine  Feline  
 Breed: \_\_\_\_\_  Male  Female  
 Color: \_\_\_\_\_  Neutered  Spayed  
 Date of Birth or Age: \_\_\_\_\_ Is your pet micro-chipped?  Yes  No  
 Is your pet currently taking medication:  Yes  No  
 Name(s) of Medication: \_\_\_\_\_

## Pet #2 Information

Pet's name that we are seeing today: \_\_\_\_\_  
 Canine  Feline  
 Breed: \_\_\_\_\_  Male  Female  
 Color: \_\_\_\_\_  Neutered  Spayed  
 Date of Birth or Age: \_\_\_\_\_ Is your pet micro-chipped?  Yes  No  
 Is your pet currently taking medication:  Yes  No  
 Name(s) of Medication: \_\_\_\_\_

## How did you hear about us?

Yellow Pages  Outdoor Sign  Direct Mail  Human Society  Newspaper  
 Pet Groomer \_\_\_\_\_  Our Website  Welcome Neighbor  Internet Directory  
 Referral. Please print first and last name of person who referred you: \_\_\_\_\_  
 Other \_\_\_\_\_

May we contact your previous hospital to obtain medical records?  Yes  No  
 Previous Veterinary Hospital (if not a referral from above listed hospital) \_\_\_\_\_  
 Are you going to be coming to Westonka Animal Hospital for routine Wellness Care?  Yes  No  
 Would you like us to send reminders for future visits?  Yes  No

### Payment is expected at the time of service. Method of payment for today's services

Visa  Mastercard  Discover  AMEX  Cash  Check  Care Credit

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**For office use only:** Client# \_\_\_\_\_ WC Sent  HX Entered  Staff Initials \_\_\_\_\_