WHITMIRE ANIMAL HOSPITAL

NEW CLIENT FORM

Welcome to Whitmire Animal Hospital! Thank you for giving us the opportunity to care for your pet(s). We are excited to welcome you to the W.A.H. family! In order for us to get to know you and your pet(s) better, please complete the following:

CLIENT INFORMATION

Date

Last Name First Name Spouse/Other

Address City/State Zip

County Email

Home Phone Cell Phone Alternate Phone

In case of EMERGENCY, is there anyone else we can contact if you are unavailable?

Name/Phone/Relation

How did you become aware of our clinic/Personal recommendation?

Previous Veterinarian with vaccine history/medical record?

PATIENT INFORMATION

Pet's Name Date of Birth Species/Breed

Sex: Male ☐ (neutered: yes / no) Female ☐ (spayed: yes / no) Color

Permanent ID# (tattoo/microchip, etc.)

Any previous serious illnesses or surgeries?

Any allergies to vaccines or medications?

Is your pet on any special diets or medications?

My pet lives: Indoor Only ☐ Mainly Indoor ☐ Indoor/Outdoor ☐ Outdoor Only ☐

Pet's Name Date of Birth Species/Breed

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Is your pet on any special diets or medications?

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I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THESE ANIMALS. I HEREBY ACKNOWLEDGE THAT WHITMIRE ANIMAL HOSPITAL DOES NOT BILL FOR SERVICES. PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED. WE ACCEPT CASH, PERSONAL CHECKS (WITH DRIVER'S LICENSE) AND MAJOR CREDIT CARDS.

Owner/Responsible Party