

We appreciate your patronage at Western Hills Veterinary Clinic. The care of your pets is important to us. Please fill out the following information for our records.

Have you visited Western Hills Veterinary Clinic in the past 3 years? Yes No

Date Today: _____
Your name and your spouse's name: _____
Driver license number: _____
Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Home Telephone: (____) _____ Cell Phone: (____) _____
Email: _____ Circle one: Home Work
Employer: _____ Work Phone: (____) _____

We accept cash or credit card

We do not accept – American Express, personal checks, money orders or cashiers checks

Pet's name: _____

Check one: Dog _____ Cat _____

Sex: Male _____ Female _____

Is your pet spayed or neutered? Yes _____ No _____

Age: _____ Breed: _____

Color/Markings: _____

Check one (hair length):

Short _____ Medium _____ Long _____