



WESTERN VETERINARY GROUP

Client/Pet Information Sheet

Client Information:

Owner's Name: _____
Last Name First Name MI Spouse's Name

Address: _____
Number & Street City State Zip

Phone Numbers: _____
Home Cell Other

Email Address: _____

Birthdate: ____/____/____ Employer: _____

Employer's Address: _____

Preferred Contact Method: Home Cell Mail Email

Referred By: _____

Pet Information:

Pet's Name: _____ Species: Dog Cat Other _____

Breed: _____ Color: _____

Birthdate/Age: _____ Sex: M F Neutered/Spayed: Yes No Not Yet

Pet Information:

Pet's Name: _____ Species: Dog Cat Other _____

Breed: _____ Color: _____

Birthdate/Age: _____ Sex: M F Neutered/Spayed: Yes No Not Yet

Please read & sign the following authorization for treatment:

I hereby authorize the staff of Western Veterinary Group to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

Signature of Owner / Authorized Agent

Date