



Client Information Sheet

Name: _____ Partner: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone 1: _____ Name: _____

Phone 2: _____ Name: _____

Email Address: _____

How would you like us to contact you?	Phone	Yes ___ No ___
	Email	Yes ___ No ___
	Text	Yes ___ No ___

Providing your email address and cell phone number allows us to make sure your pet gets the preventative care that they need. Vaccination and other reminders are sent electronically via text and email. We also send health alerts and periodic bulletins. What is your preferred method of communication – please check **ALL** that apply.

Place of Employment: _____ Work Phone: _____

Driver License Number: _____ State Issued: _____

How did you find out about East/West Ridge Animal Hospital?

(Please check one of the options below)

___ Humane Society ___ Doctor/Staff ___ Online ___ Pre-Existing ___ Advertisement

___ Other: _____

Do we have your permission to use any photos of you and your pet for display in our clinic or online?

Yes ___ No ___

I, the undersigned owner or agent of the owner, certify that I am ___ 18 years of age or older, and do hereby authorize West Ridge Animal Hospital veterinarians and technicians to examine my pet and administer treatment as is considered necessary for my pet's condition. An estimate with care options can be discussed with me prior to any diagnostic treatments. In life threatening situations, stabilizing care may be instituted immediately upon arrival without an estimate.

We will gladly prepare a written estimate if you desire; please ask Doctor or receptionist. Unless prior arrangements have been made, ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept MasterCard, Visa, Discover, and American Express. We also accept Care Credit and Scratch Pay, and extended service fees may apply. There will be a \$30.00 service charge for any check returned unpaid or credit card declined. Accounts after 30 days are subject to a 21% APR or \$9.00 monthly billing fee, whichever is greater. By signing below, you authorize us to contact you by any or all of these methods, phone (home, work, cell), email, mail or text message and you accept these billing terms in the event of non-payment.

Signature of Owner/Agent: _____

Date: _____



Patient Information Sheet

Name: _____ DOB: _____ Breed: _____ Color: _____

Dog _____ Cat _____ Other _____ Female ___ Male ___ Spayed/Neutered: Yes ___ No ___

Allergies: _____

Long term medical problems: _____

Medications/Supplements currently on: _____

Name: _____ DOB: _____ Breed: _____ Color: _____

Dog _____ Cat _____ Other _____ Female ___ Male ___ Spayed/Neutered: Yes ___ No ___

Allergies: _____

Long term medical problems: _____

Medications/Supplements currently on: _____

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Dog _____ Cat _____ Other _____ Female ___ Male ___ Spayed/Neutered: Yes ___ No ___

Allergies: _____

Long term medical problems: _____

Medications/Supplements currently on: _____



Wellness Exam Questionnaire

Pet's Name: _____ Your Name: _____

Your pet's current weight is _____ lbs. This is a change of _____ lbs. from last year.

What diet are you feeding? _____

How much are you feeding? _____

How many times daily do you feed your pet? _____

How often does your pet...

Visit the groomer? _____

Use a boarding kennel? _____

Go to daycare? _____

What percentage of the time does your pet spend outdoors? _____

Have you noticed any?

Itching/Scratching _____ Licking of Feet _____ Skin Growths _____ Scratching at the Ears _____ Smell
From Ears _____ Breath Odor _____ Sneezing _____ Coughing _____ Limping _____ Discharge From
Eyes/Nose _____

Does he/she have any trouble?

Getting Up _____ Climbing Stairs _____ Jumping/Running _____

Has there been any recent?

Vomiting _____ Diarrhea _____ Scooting _____

If yes, how long ago and how often: _____

Has there been any change in the frequency of amount of urination? Yes _____ No _____

Has there been an increase in water consumption? Increase _____ Decrease _____ Normal _____

Has there been a change in sleep patterns? Yes _____ No _____

Has your pet had any accidents in the house? Yes _____ No _____

Is there anything else that the doctor should know about?