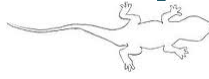




East West Animal Hospital Welcomes You



We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we will be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information

Name: _____
Title _____ First Name _____ Last Name _____

Address: _____

City _____ State _____ Zip _____

County: _____

Home Number: (____) _____ - _____ Cell Number: (____) _____ - _____

Spouse or co-owner: _____ Phone Number: (____) _____ - _____

Referring Doctor: _____

How did you learn about our practice? _____

Were you going to a previous Veterinary Practice? (If yes, please specify) _____

E-mail Address: _____



Patient Information

Pet Name: _____

Species: Dog Cat Bird (Please Circle) Other: _____

Breed: _____ Color: _____

Birth date: _____ Age: _____ Sex: M/F Spayed/Neutered
(Please Circle/Highlight)

Preferred Doctor: _____

Special Notes: _____

Problems/Concerns: _____

Pet Insurance Policy: _____ Policy Number: _____



Payment

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of treatment. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s): _____ Date: _____