

# West Salem Veterinary Clinic

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## New Client Form

Thank you for giving West Salem Veterinary Clinic the opportunity to care for your pet(s). So that we may become better, please complete the following form:

### Client Information

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse/Co-Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Best time to reach you: Home \_\_\_\_\_ Work \_\_\_\_\_

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

On medical/surgical procedures, please feel free to ask for a treatment plan.

### **All fees are due at the time of service.**

Please indicate choice of payment. Cash/Check \_\_\_ Visa/Mastercard \_\_\_ Care Credit \_\_\_\_\_

Patient Information	Pet #1	Pet #2	Pet #3
NAME			
SPECIES (Dog, Cat, Other)			
BREED			
COLOR			
SEX: SPAYED OR NEUTERED			
BIRTHDATE			

What prior illnesses, surgeries, or drug allergies should we know about? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

What brand of pet food do you feed? \_\_\_\_\_

Is this an indoor or outdoor pet? \_\_\_\_\_

Do we have your permission to request a copy of your pet's records? Yes \_\_\_\_\_ No \_\_\_\_\_

Dr's Name/Address \_\_\_\_\_

### HOW DID YOU FIRST HEAR ABOUT US?

Sign/Location  Website  Friend  Facebook  Professional Referral   
Newspaper Article or Ad  Google  Bing  Yelp  Other

If a friend, whom may we thank for referring us? \_\_\_\_\_