

# WELCOME TO W.S.A.C.!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take a moment to fill out this form completely. Thank You!

## OWNER INFORMATION

Owner(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How Did You Hear of Us? \_\_\_\_\_ Personal reference *If so, Whom:* \_\_\_\_\_

\_\_\_\_ Sign /Clinic location \_\_\_\_\_ Yellow Pages \_\_\_\_\_ westsaleanimalclinic.com

\_\_\_\_ Internet *If so, Where? Yahoo or Google or Dexknows or Other* \_\_\_\_\_

## PET HEALTH HISTORY

Name of Pet: \_\_\_\_\_ Dog Cat Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Neutered \_\_\_\_ Female \_\_\_\_ Spayed

Pet's History (check all that your pet has received):

\_\_\_\_ Rabies(Dog/Cat) \_\_\_\_ Distemper \_\_\_\_ Parvovirus (Dog) \_\_\_\_ Heartworm test (Dog) \_\_\_\_ Feline Leukemia Test(Cat)

\_\_\_\_ FPLCVR Vaccine (Cat) \_\_\_\_ Leukemia Vaccine (Cat) \_\_\_\_ Dental

\_\_\_\_ Prior Illness or Prior Surgery: \_\_\_\_\_

Pet's Current Medication(s): \_\_\_\_\_ Diet \_\_\_\_\_

Please List Additional Pets:	Name/Gender	Species	Breed	Color	Birthdate/Age
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

## AUTHORIZATION

I hereby authorize West Salem Animal Clinic to examine, prescribe for or treat the above described pet. I assume all responsibility for all charges incurred in the care of the animal. I also understand that ALL FEES ARE DUE UPON RELEASE OF THE ANIMAL AND/OR END OF VISIT.

Method of Payment: \_\_\_\_ Visa/Mastercard/Discover \_\_\_\_ Cash \_\_\_\_ Check

Signature of client responsible: \_\_\_\_\_ Date: \_\_\_\_\_