

## Westwood Hills Animal Hospital Client Registration Form

Date \_\_\_\_\_ Pet's Name \_\_\_\_\_

Any previous illness/injury \_\_\_\_\_ Allergies to medications/vaccines \_\_\_\_\_

Do you have pet insurance? (circle one) Yes No Which company? \_\_\_\_\_

<u>Client Information</u>	Primary Owner's Name	Secondary Owner's Name
Social Security Number*		
Birth Date*		
Driver's License Number**	Expires _____	Expires _____
Street Address		
City and Zip Code		
Cell Phone Number		
Work Phone Number		
Additional Phone Number		
Employer		
Email Address		

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

We will email a password and link to our hospital website to activate your free Pet Portal, which allows you to request appointments online, see your pet's information, vaccine reminders, medications, and more.

**I hereby authorize the veterinarian(s) to examine, prescribe for, and treat the above described pet and any additional pets I or my agent present for care. I assume responsibility for all charges incurred in the care of this animal(s). I understand that payment is due at the time services are rendered. I understand that if I or my agent fail to show up for two or more scheduled appointments, I will be charged a Veterinary Professional Service Fee for the time reserved for my pet. This fee must be paid before additional services will be provided. In some cases a deposit will be required in order to reserve an appointment slot.**

**I understand that the veterinarian(s) and staff strive to provide effective veterinary medical care in a mutually trusting relationship with clients. It is essential that there be polite, effective, comfortable, open communication, and a trusting relationship between the client, the veterinarians, and the staff. This relationship can be ended by either the client or the veterinarian(s).**

**I understand that there is video monitoring for security purposes. I understand that communication (in person, phone, electronic, mail, other) between the staff, the client, and veterinarian(s) will be summarized and placed in the medical record. Pictures may be obtained of my pet and I give consent to use these images on social media.**

**\*To be able to legally dispense controlled substances for your pet, we will need a birth date and social security number or driver's license number.**

**\*\*For the privilege of writing checks, we need a driver's license number and expiration date.**

Signature of Owner or Agent \_\_\_\_\_

How did you become aware of our clinic? (circle one) Drove By Internet Search Social Media  
 Personal Recommendation (whom may we thank?) \_\_\_\_\_