

WEST HOLLYWOOD



ANIMAL HOSPITAL

### New Client Information Form

**\*\*OWNER:** \_\_\_\_\_ **\*YOUR Date of Birth** \_\_\_\_\_  
LAST FIRST

**\*\*ADDRESS:** \_\_\_\_\_  
NUMBER AND STREET CITY ZIP

**\*\*PHONE:** \_\_\_\_\_  
PREFERRED CONTACT #  Home  Cell ALTERNATE CONTACT #  Home  Cell OTHER CONTACT #

I WANT TO RECEIVE  TEXT OR  EMAIL APPOINTMENT REMINDERS AND PATIENT UPDATES

**DRIVER'S LICENSE #:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**SPOUSE/PARTNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
LAST FIRST

**EMAIL:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_  
NAME

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
NUMBER AND STREET CITY ZIP

**SPOUSE EMPLOYER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
NAME

#### HOW DID YOU HEAR ABOUT US?

- Internet/Facebook
- Yellow Pages
- Drive By
- Yelp
- Other: \_\_\_\_\_
- Personal Recommendation (Whom may we thank?) \_\_\_\_\_

#### ALL FEES ARE DUE UPON RELEASE OF PATIENT

**TYPE OF PAYMENT (CIRCLE)** CHECK CASH VISA MC DISC AMEX DEBIT

#### IF YOU ARE UNAVAILABLE, WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

\_\_\_\_\_  
NAME RELATIONSHIP PHONE

I CONSENT TO THE USE OF MY PET'S LIKENESS AND MEDICAL INFORMATION FOR MARKETING AND EDUCATIONAL PURPOSES.

*I agree to pay for all the services rendered in accordance with the terms and conditions of this office. I, or my agent, hereby authorize the doctor(s) at West Hollywood Animal Hospital to treat, diagnose and prescribe for my animals.*

**\*\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_