



New Client Information Form

OWNER: _____ YOUR DATE OF BIRTH: ____/____/____
(LAST) (FIRST) MM/DD/YYYY

SPOUSE/PARTNER/CO-OWNER (IF APPLICABLE): _____

ADDRESS: _____
NUMBER AND STREET CITY ZIP

PHONE PRIMARY: _____ PHONE SECONDARY: _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US?: Internet Yelp Drive By

Friend (name): _____

OCCUPATION: _____ EMPLOYER: _____

IF YOU ARE UNAVAILABLE, WHOM SHOULD WE CONTACT:

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 animal(s).

ALL FEES ARE DUE AT THE TIME OF SERVICE

Please note that if you are more than 10 minutes late for your appointment, we may need to reschedule it to the next available appointment. If a cancellation is needed, the appointment must be cancelled at least 24 hours in advance, or you will be subject to a cancellation fee up to the cost of the scheduled visit.

Signature: _____ Date: _____

Print Name: _____

WEST HOLLYWOOD



ANIMAL HOSPITAL

9000 Santa Monica Boulevard
West Hollywood, CA 90069
phone: 310.275.0055
www.wh-ah.com

New Patient Appointment Request Form:

Pet's Name: _____

Pet's Date of Birth or Approximate Age: _____

Cat or Dog: _____ Breed: _____ Color: _____

Pet's Sex: Male Neutered Male (not neutered)

Female Spayed Female (not spayed)

Please list all animal hospitals/veterinarians that your pet has been to including emergency visits and specialists here:

To expedite your appointment, please send us any records/paperwork/breeder information and/or request that previous veterinarians send full records to info@wh-ah.com or fax (310) 275-0078. We will not contact you to schedule an appointment until the records are received.

Reason for appointment request:
