



EAST WEST VETERINARY CARE CENTER - WELCOME!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

Client's last name: _____ First: _____ Middle: _____

Complete mailing address: _____ Driver's License Number: _____

Contact Phone numbers: (Please complete all lines if possible)

Home: _____ Cell Phone: _____

Work (Daytime): _____ Fax Number : _____

E-mail address: _____

Which of the above contact phone numbers do you wish to be listed as primary contact number? _____

**** Please Note: In order for our office to "Go Green", we will be sending your pet's exam report card to your e-mail address or fax on the day of their examination. If you do not have access to this form of communication, please let our staff know in advance. THANK YOU!**

Please list all the pets, by name and breed in the household. Are your pets Micro chipped?

REFERRED BY:

Family Friend Close to home/work Yellow Pages Sign Other TV Ad

Please provide the person's name that referred you to us, so that we may say "Thanks" to them.

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet (s). I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

SIGNED: _____ DATE: _____

I HAVE READ AND UNDERSTAND THE HOSPITAL POLICY AND PAYMENT POLICY INFORMATION PROVIDED

SIGNED: _____ DATE: _____

BELOW - FOR OFFICE USE ONLY

COPY OF INSURANCE CARD? Not Applicable? Yes NIC
Copy of Driver's License?
Microchips? YES NO If Yes, is the number recorded? REFERRAL CARD?