



# Center West Animal Hospital

## WELCOME

26050 Center Ridge Road  
Westlake, Ohio 44145

### Client Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ May we contact you via email? YES NO

Spouse/Co-Owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### How did you hear about us?

Website/Internet Dive-by/Sign Professional Referral Family/Friend: \_\_\_\_\_

### Pet Information:

Pet's Name: \_\_\_\_\_ Cat Dog Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Neutered/Spay? YES NO

Does your pet have any known allergies? YES NO

If yes, explain: \_\_\_\_\_

Is your pet currently on medications or a special diet? YES NO

If yes, explain \_\_\_\_\_

Is your pet current on vaccines? YES NO

Is your pet currently on any preventatives? YES NO Flea/tick: YES NO Heartworm: YES NO

Is your pet currently insured? YES NO If no, would you like information on pet insurance? YES NO

Do you give permission to us to use your pet's photo on our website, Facebook, or in our clinic? YES NO

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_