

WEST LAKE ANIMAL HOSPITAL

NEW CLIENT REGISTRATION

Client Name, First: _____ Last: _____

Spouse or Joint Client Name, First: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

DL # _____ State Issued: _____

Home Phone: (_____) _____ - _____ [] preferred

Cell Phone: (_____) _____ - _____ [] preferred

Work / Other: (_____) _____ - _____ [] preferred

E-mail address: _____

What type of reminders would you like to receive? [] mail [] e-mail [] text

Email Address: _____

How did you hear about us? (friend, drive-by, internet, etc.) _____

Pet Information:

Name of Pet	Breed	Markings	Sex	spayed/neutered?	Birthdate
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please note that our goal is to serve you and your pet in every way possible, which includes making your financial aspect as clear as possible. We offer a variety of services and diagnostic testing as well as surgery. We will attempt to make pricing clear, but feel free to ask for estimates at any time. **Also note that we require payment at time of service and do not offer internal payment plan options.** By signing below you are indicating that you understand this statement and also that you own or that you are the responsible party for the animal listed above.

Signature: _____ Date: _____