



Client # \_\_\_\_\_ Initials \_\_\_\_\_

# West Frederick Veterinary Hospital

Phone: 301-473-4478  
 6902 Bowers Rd. Frederick, MD 21702  
 Email: petdoc@westfredvet.com  
 Website: www.westfredvet.com

**THANK YOU FOR GIVING WEST FREDERICK VETERINARY HOSPITAL THE OPPORTUNITY TO CARE FOR YOUR PET(S)! SO THAT WE MAY BECOME BETTER ACQUAINTED, PLEASE COMPLETE THE FOLLOWING:**

**CLIENT INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_ **Best # to reach you:** Home/Cell/Work

Email address \_\_\_\_\_

**MAY WE USE YOUR EMAIL ADDRESS TO SEND REMINDERS & NEWSLETTER UPDATES?  YES  NO**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ (needed if paying by check at any time)

Secondary Contact \_\_\_\_\_ **Relationship to Primary Contact:** Spouse/Family/Significant Other

Secondary's Cell Phone \_\_\_\_\_ Secondary's Employer \_\_\_\_\_

Secondary's Work phone \_\_\_\_\_ Secondary Email \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Please indicate choice of payment: Cash / Check\* / Visa / MasterCard / Discover / American Express / Care Credit

\*If paying by check, please verify driver's license number is provided above

Is this your 1<sup>st</sup> visit to WFFVH?  Yes  No If yes, how did you become aware of our hospital? AAHA \_\_\_\_\_

Drove by \_\_\_\_\_ WFFVH Website \_\_\_\_\_ Other Internet Source (please list) \_\_\_\_\_ Yellow Pages \_\_\_\_\_

Personal referral (Whom may we thank?) \_\_\_\_\_ Other (please list) \_\_\_\_\_

PATIENT INFORMATION	PET #1	PET # 2	PET # 3
Name			
Breed			
Date of birth or age			
Color			
Male or Female? Spayed or neutered?			
Where did you get your pet?			
<b>May we take photos of your pet at visits? *If yes, may we post on social media?</b>			
<b>Name of previous Veterinary Office</b>			
<b>Any previous illness or surgeries?</b>			
<b>Any allergies to vaccines or medicines?</b>			
<b>What does your pet eat?</b>			
<b>Is your pet on special medication?</b>			
<b>Does your pet have a <u>microchip</u>? **If yes we can scan &amp; record the number.</b>			

**\*\* For the safety of you and your pets, we request that all dogs be leashed and all cats are in a carrier or on a leash. \*\***