Welcome to
Westlock Veterinary Center

Client #_____

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. **PLEASE PRINT**.

CLIENT'S NAME_____SPOUSE/OTHER_____

ADDRESS_____CITY_____PROV_____ Postal Code_____

HOME PHONE_____ HOME FAX_____

EMAIL_____ CELL PHONE_____

PLACE OF EMPLOYMENT_____WORK PHONE_____

SPOUSE/OTHER EMPLOYER_____WORK PHONE_____

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED***. *In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, or can establish a payment arrangement through Medi-Card if approved in advance of the treatment.*

To prevent the spread of infectious diseases, we recommend all hospitalized and boarded patients be current on all vaccines.

Signature of Responsible Agent for Pet(s)_____Date_____

Other Responsible Agents_____

How/Why Did You Select Us?_____

We collect, use, and disclose the information on this page for which it was intended. The purposes are listed in our Privacy Policy which can be obtained by request from our Privacy Officer.

Cat	Dog	Other	Pet's Name	DOB	Sex	Description

Update:							