



West Main Animal Hospital
2216 West Main Street
Alhambra, CA 91801
(626) 282-2179
www.westmainanimalhospital.com

WELCOME TO OUR HOSPITAL

So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye. We offer veterinary care, lodging, and grooming for your best friends.

CLIENT INFORMATION

Mr. Mrs. Ms.

First name _____ Middle name _____ Last name _____

Spouse: First name _____ Middle name _____ Last name _____

Address _____ City _____ State _____ Zip _____

Home phone (_____) _____ Work phone (_____) _____ Ext _____ Cell (_____) _____

E-mail address _____ Would you like e-mail reminders? Yes No

Employer _____

Driver's License # _____ Exp. _____

PATIENT INFORMATION (If you have more than one patient, fill out patient information on back of this page.)

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Does your pet have a microchip? Yes, microchip #: _____ No

Species: Dog Cat Bird Reptile Rabbit Other _____

Pet's Date of Birth (Month/Day/Year) ____/____/____ Breed _____ Color _____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No

If yes, what? _____

What type of food does your pet eat? Dry Canned What Brand? _____ Treats? Yes No

Who is your previous veterinarian? _____ Phone (_____) _____

Dates of last vaccinations:

Dogs: DHLPP: _____ Rabies: _____

Bordetella: _____ Corona: _____

Heartworm test: _____

Is your dog on heartworm preventives? Yes No

Cats: FVRCP: _____ Rabies: _____

Feline leukemia: _____ FIP: _____

Do you have pet insurance? Yes No

If yes, Name of pet insurance: _____ Policy #: _____

How did you become aware of our hospital?

Referred by friend Whom may we thank? _____

Referred by veterinarian Whom may we thank? _____

Drove by Brochure Previous client Website, www.westmainanimalhospital.com

Yelp Google Facebook Internet Other: _____

We appreciate payment when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover and Care Credit. I verify that all the information provided is accurate.

Signed _____ Date _____

Additional pet(s)

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