



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 \_\_\_\_\_ Secondary Contact \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary's Work phone \_\_\_\_\_ Secondary's Cell Phone \_\_\_\_\_ Best # to reach you: Home/Cell/Work

Employer \_\_\_\_\_ Secondary's Employer \_\_\_\_\_

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

Email address \_\_\_\_\_ **MAY WE USE YOUR EMAIL ADDRESS TO SEND REMINDERS & NEWSLETTER UPDATES?**  YES  NO Emails will be sent from: petdoc@westfredvet.com

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

Please indicate choice of payment: Cash / Check / Visa / MasterCard / Discover / Care Credit

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

Drove by \_\_\_\_\_ WFBVH Website \_\_\_\_\_ Other Internet Source (plz list) \_\_\_\_\_ Yellow Pages \_\_\_\_\_

Personal referral (Whom may we thank?) \_\_\_\_\_ Other (plz 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>YOUR PET'S MEDICAL HISTORY</b>	<b>PLEASE GIVE DATES</b>	<b>PLEASE GIVE DATES</b>	<b>PLEASE GIVE DATES</b>
Rabies Vaccine (1 or 3 Year)			
Distemper Vaccine (1 or 3 Year)			
Lepto Vaccine (Dogs)			
Lyme Disease Vaccine (Dogs)			
Kennel Cough Vaccine (Dogs)			
Feline Leukemia Vaccine/ Test (Cats)			
Heartworm Test/ Prevention (Dogs)			
Fecal (stool sample)			
<b>Name of previous Veterinarian</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 microchip? **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. \*\*