

Western Veterinary Hospital

2315 W. 6th Street, Stillwater, OK 74074

(405) 743-2800 Fax: (405) 533-2663

Casey Fussell, DVM

Christina Mitchell, DVM

CLIENT INFORMATION: (Required information highlighted in bold)

TODAY'S DATE _____
OWNER(S) _____ SPOUSE _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE: _____ CELL: _____ WORK: _____
SOCIAL SECURITY No. _____ DRIVER'S LICENSE No. _____
EMPLOYER _____ EMPLOYER PHONE _____
EMPLOYER'S ADDRESS _____
SPOUSE'S EMPLOYER _____ SPOUSE'S EMPLOYER PHONE _____
SPOUSE'S EMPLOYER ADDRESS _____
SPOUSE'S CELL PHONE/ALT. CONTACT NUMBER _____
EMAIL ADDRESS _____
EMERGENCY CONTACT _____ PHONE _____ RELATION _____

HOW DID YOU HEAR ABOUT OUR CLINIC? PERSONAL RECOMMENDATION: _____
PREVIOUS CLIENT SIGNAGE WEBSITE YELLOWPAGES OTHER: _____

PATIENT INFORMATION

1) PET NAME _____ BREED _____
SEX _____ SPAYED/NEUTERED(circle one) BIRTHDAY/AGE _____ COLOR _____
2) PET NAME _____ BREED _____
SEX _____ SPAYED/NEUTERED(circle one) BIRTHDAY/AGE _____ COLOR _____
3) PET NAME _____ BREED _____
SEX _____ SPAYED/NEUTERED(circle one) BIRTHDAY/AGE _____ COLOR _____

FULL PAYMENT IS REQUIRED AT TIME OF SERVICES RENDERED.

PLEASE INDICATE YOUR METHOD OF PAYMENT BY THE FOLLOWING LIST OF OPTIONS:

CASH DEBIT CHECK VISA MASTERCARD DISCOVER AMER. EXPRESS CARE CREDIT

(If you have questions regarding Care Credit, ask a member of our staff for more information)

*****PRE-TREATMENT ESTIMATES ARE AVAILABLE*****

I authorize Western Veterinary Hospital to perform necessary treatment in the case of illness or emergency situations. _____ (Initial)

I verify that the information provided on this form to Western Veterinary Hospital is current and correct. _____ (Initial)

SIGNATURE _____ DATE _____

Thank you for allowing us to provide quality care for you and your pets!