

Westview Veterinary Hospital, Inc. 3032 Napoleon Road Fremont, OH 43420 419-332-5871

## **New Client Form**

Welcome and Thank You for choosing us to care for your pet(s). Our hospital policy is to provide your pet with quality care. Please take a few minutes to fill out or updated this client information for you and your pet(s). If you have any questions, please don't hesitate to ask.

Owners Name			Significant other					
Address			CityState					
Zip	County	E- Mail						
HOW DIE	YOU HEAR ABOU	JT US? Please	circle	Word of Mou	uth • Dro	ove By C	linic	
Radio Ad	d (which station	) • Pr	int Ad	(where	) •	Other		
Home Ph	one		_ Alt #_					
Cell			_Cell_					
Work Nar	me		Work	Name				
Work Pho	one		Work	Phone				
D L #			DL #_					
If you do	not have a DL then	please list an alt	ernate	ID (state issue	ed)			
Date of Birth			Date	e of Birth				
Pet Name	e			Pet Name_				
Breed				Breed				
Sex	_ Altered? Yes	N		Sex	_ Altered?	Yes	No	
Color	DOB_			Color		DOB		_
If we wer	re recommended to	you by an esta	ablishe	ed client, they	receive a t	hank yo	u gift certi	ficate.
Whom m	nay we thank?							
charges i	authorize the veterin ncurred in the care of a deposit is required	of my pets. I also	unde	rstand that the	se charges			
Signature	e of responsible Owr					nt	Date	
the right the right to Westview	lersigned, do hereby to take photographs to copyright, use and V Veterinary Hospital ny lawful purpose, in	of me and/or my d publish the sar , Inc., may use s	y pet(s) ne in p said ph	). I also hereby rint and/or ele lotographs of r	y grant to We ctronically a me and/or m	estview V s they se y pet(s) v	/eterinary F e fit. I furth with or with	lospital, Inc., ner agree that out my name
SOCIAL	MEDIA RELEASE		A	ccept		_ Declin	е	