

Westview Veterinary Hospital, Inc.
3032 Napoleon Rd
Fremont, OH 43420
419-332-5871 wvh@northcoastvets.com

NEW/UPDATE 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 this client information for you and your pet(s). If you have any questions, please don't hesitate to ask. THANK YOU

MODERN CONVENIENCES

PROVIDING US WITH YOUR E-MAIL ADDRESS ENABLES YOU TO PURCHASE PRODUCTS FROM OUR ONLINE STORE, GET REMINDERS AND ENJOY OUR NEWSLETTERS ! ~ BY PROVIDING YOUR CELL CARRIER FOR TEXTING PURPOSES, YOU ARE ENABLING US TO TEXT YOU APPOINTMENT AND OTHER REMINDERS.

Owners Name _____	Significant other _____
Address _____	City _____ State _____
Zip _____	County _____ E- Mail _____
If you would like text notification, Number: _____ Carrier _____	
Home Phone _____	Alt # _____
Cell _____	Cell _____
Work Name _____	Work Name _____
Work Phone _____	Work Phone _____
D L # _____	DL # _____
SS# _____	SS # _____

(SS Number required for both Owner and spouse on any account not paid in full)

Pet Name _____	Pet Name _____
Breed _____	Breed _____
Sex _____ Altered Yes _____ N _____	Sex _____ Altered Yes _____ No _____
Color _____ DOB _____	Color _____ DOB _____

If recommended by an established client, they receive a thank you gift certificate.
Whom may we thank? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pets. I also understand that these charges will be paid at the time of release and that a deposit is required for treatment.
Unpaid balances over 30 days it is subject to interest at 2% monthly. Billing occurs on the 1st of every month. Owner responsible for all court costs and lawyer fees if account is turned over to collection.

Signature of responsible Owner/agent Signature of responsible Owner/agent Date