

VACCINATION CLINIC REGISTRATION FORM

WE ACCEPT CASH OR CREDIT CARD ONLY TODAY – NO CHECKS PLEASE

We appreciate your patronage at Western Hills Veterinary Clinic. The care of your pets is important to us. Please fill out the following information for our records.

Date: _____	PLEASE PRINT INFORMATION
<i>Have you visited Western Hills Veterinary Clinic in the past 3 years?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name & Spouse (if applicable): _____	
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____
Home Telephone: (____) _____	Cell Phone: (____) _____
Email: _____	Check: Home <input type="checkbox"/> Work <input type="checkbox"/>
Employer: _____	Work Phone: (____) _____

Pet's name: _____

Check one: Dog Cat Male Female

Is your pet spayed or neutered? Yes No

Age: _____ Breed: _____

Color/Markings: _____

For cats please check hair length: Short Medium Long

Pet's name: _____

Check one: Dog Cat Male Female

Is your pet spayed or neutered? Yes No

Age: _____ Breed: _____

Color/Markings: _____

For cats please check hair length: Short Medium Long

PLEASE USE "ADDITIONAL PETS" FORM IF YOU HAVE MORE THAN 2 PETS TODAY