

Welcome to West Loop Veterinary Care!

We look forward to meeting you and your pet(s) soon! Please complete this information form to facilitate the check-in process during your initial visit with us. You may email the completed form to us at info@westloopvet.com in advance of your visit or bring a printed copy in with you. Remember to contact one of our Patient Care Coordinators today to schedule your appointment!

Client Information

Last Name: _____ First Name: _____

Spouse/Co-owner's Last Name: _____ First Name: _____

Address: _____ Apt/Unit Number: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email*: _____

Spouse/Co-owner's Cell Phone: _____ Work Phone: _____

Email*: _____

Which phone number should be used as your primary contact should we need to reach you? _____

Our reminder system limits to one email. Which should we use for this purpose? _____

Which email(s) may we add to our list for events, health news, etc? (More than one is okay)

(We hate spam as much as you and all email addresses will be kept private. Your email address will be used solely for correspondence regarding your pet's medical needs including examination and vaccination reminders, invoices, etc. With your permission, we will add that and/or an alternative email to our list of clients who would like to receive periodic pet information such as newsletters, pet food recall information, or advance notification of events such as our Open House or Halloween Party.*

How did you find out about us?

Sign Internet (Google, Yelp, Other) Location Community Event

Recommendation (whom may we thank for the recommendation?): _____

Other (please be specific if possible): _____

Patient Information

	Pet's Name	Pet's Name	Pet's Name
Name			
Gender (including spayed or neutered)			
Species (Canine or Feline)			
Breed			
Color/Markings			
Date of Birth (or best approximation)			
Previous Veterinarian <i>(May we contact them for medical records?)</i>			
Microchip Number			
Existing Medical Conditions, including known Allergies			

I, the undersigned owner or agent of the owner, am responsible for seeking veterinary care for the pet(s) identified above and certify that I am eighteen years or over. I agree that after consultation with me, the hospital's doctors may prescribe medication to treat, hospitalize, sedate, anesthetize, or perform surgery on my pet.

I understand that an estimate of the fees for veterinary services will be provided to me at my request and that I am encouraged to discuss all fees related to it before services are rendered and during my pet's ongoing medical treatment. I agree to assume financial responsibility for all fees and will provide payment via cash, credit card, check or Care Credit at the time services are performed.

Client Signature: _____ Date: _____