



Welcome to West Side Pet Clinic!

Please help us help you by completing the questions below:

What brings you here today? _____

Pet's Name: _____ Breed: _____

Color: _____ Date of Birth/Approximate Age: _____

Sex: _____ Spayed/Neutered (circle one): YES NO

Does your dog go to daycare/groomer/kennel/dog park? YES NO

Does your dog ever leave the city of Buffalo? YES NO

Does your dog go camping or hiking? YES NO

Have you ever seen a tick on your dog? YES NO

Owner's Last Name: _____ First Name: _____

Spouse/Partner Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

E-Mail Address: _____

Would you like your pet's vaccine certificate e-mailed to you? YES NO

Employer: _____

Work Phone: _____

Emergency Phone Number: _____

Which vet has your pet been to? _____

How did you hear about us? _____

Please circle your preferred method of payment:

CASH CREDIT CARD CARE CREDIT PERSONAL CHECK

Payment required at time of service --- Billing is NOT available