



WELCOME TO WESTTOWN VETERINARY CLINIC!

Thank you for allowing us to care for your pet.

Owner's name: _____ Cell Phone #: _____ Emergency Contact: _____

Animal's Name: _____ Date of pick up: _____ Species: CANINE/FELINE

Vaccination Policy – Please select all up-to-date vaccines

- Dogs: Rabies: _____ Bordetella: _____ DHPP: _____ Negative Fecal (past 6 months): _____
- Cats: Rabies: _____ Distemper: _____

Belongings:

Please Circle What Applies to You:

TOYS COLLAR LEASH BEDDING CARRIER

Description(s): _____ (Westtown Veterinary Clinic is not responsible for lost items)

Discounted services:

- Bath (\$20.00) YES / NO
- Nail Trim (\$8.00) YES / NO
- Anal gland Expression (\$21.00) YES / NO

Feeding instructions: **OWN FOOD / HOSPITAL STOCK**

AM Amount: _____

PM Amount: _____

Treats/Additional feeding: _____

Medication(s): _____

Medication: _____ Time: _____ Amount: _____

Medication: _____ Time: _____ Amount: _____

Medication: _____ Time: _____ Amount: _____

Boarding Policies

- Flea Policy** – All boarding pets must be free of fleas. If your pet has fleas they will be treated and the additional charges will be added to your final bill.
- Vaccination Policy** – To insure the protection of all pets under our care, Dogs and Cats must be up-to-date on vaccinations listed above. If my pet is not current on all above vaccinations, I give permission to Westtown Veterinary Clinic to update the vaccinations in accordance with the above policy.
- Medical Illness Policy** – If your pet becomes ill, we will call the emergency number listed regarding your pet's symptoms, treatment options, and estimate of additional costs. If no one can be reached, however, we at Westtown Veterinary Clinic will perform whatever services the doctor deems necessary for the best care for your pet. This includes only non-elective treatments and any necessary diagnostics.

Signature: _____ Date: _____

Westtown Veterinary Clinic