

New Client Information

Westfield Veterinary Care
17735 Sun Park Drive
Westfield, IN 46074
317-896-2539

Date: _____

Owner's Name: _____

Driver's License Number and State: _____

Address with Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
(if we may call you at work)

E-mail Address: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Address: _____

Pet's Name: _____ Birth date: _____ Microchip: Yes / No

Canine: _____ Feline: _____ Breed: _____ Spayed _____ Neutered _____

Pet's Name: _____ Birth date: _____ Microchip: Yes / No

Canine: _____ Feline: _____ Breed: _____ Spayed _____ Neutered _____

How did you hear about Westfield Veterinary Care? If a person made the referral,
please name:

Reason for today's appointment:

***We respectfully request payment at the time services are rendered. For your convenience we accept cash, checks, Visa, MasterCard, and American Express. Thank you.**

Photograph and Publicity Release Form

Westfield Veterinary Care (WVC) maintains a public clinic website, and many of our staff members have a personal presence on different social media platforms (facebook, instagram, snapchat, etc). We have an interest in sharing photographs and stories of our practice and its daily workings. Therefore, we would love your permission to share pictures of your pet(s) in an effort to preserve our clinic's presence on social media.

Please let us know if we may use/post photographs of your pet(s):

I, _____, grant permission to Westfield Veterinary Care
(Owner Name)

and its staff to use my pets' *photographs* for the clinic's website and/or their personal social media pages. All images and post content must reflect a positive image of my pet(s).

Westfield Veterinary Care (please circle one) **may** / **may not** share my pet(s) *name* with his or her photograph. Other information including client name, last names, and medical issues will not be disclosed.

Signature: _____ Date: _____