

# Welcome to Western Nevada Veterinary Services

New Client Contact Information: Please be as complete as possible so we can better serve you.

Name: \_\_\_\_\_ Significant other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: Primary- \_\_\_\_\_ Secondary- \_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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## Pet Information:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Circle One: Male/Female      Is your pet neutered/spayed:    YES      NO

Current Medications: \_\_\_\_\_

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2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Circle One: Male/Female      Is your pet neutered/spayed:    YES      NO

Current Medications: \_\_\_\_\_

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3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Circle One: Male/Female      Is your pet neutered/spayed:    YES      NO

Current Medications: \_\_\_\_\_

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4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Circle One: Male/Female      Is your pet neutered/spayed:    YES      NO

Current Medications: \_\_\_\_\_

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**Authorization:** I authorize the veterinarian to examine and treat my animal as deemed necessary. I understand that I am responsible for the charges incurred during treatment and that payment is due in full at the time services are rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_