



Washington Blvd Animal Hospital

Charich, Inc
12116 E. Washington Blvd, Whittier, CA 90606
(562) 693-8233
www.washblvdanimalhosp.com

New Client Information

Name: _____ Email: _____
Address: _____ Apt#: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Cell #: _____ Work #: _____
Driver's License #: _____ State: _____ SSN #: _____ DOB: _____
Employer's Name & Address _____
Spouse's Name: _____ Email: _____
Spouse's Cell #: _____ Alternate #: _____
How did you hear about us? Yelp ___ Internet Search ___ Drive by ___ Referral ___
If you were referred to us, who can we thank? _____
May we use pictures of your pet/pets on our website, Facebook or in our lobby? Y/N _____

Payment is due at the time services are rendered. We gladly accept the following:
Cash, Visa, Master Card, Care Credit and Checks (subject to approval)

Patient Information

Pet's Name: _____ Breed: _____ Age/DOB: _____
Color: _____ M/F: _____ Is Pet Spayed/Neutered? Yes _____ No _____
Is pet current on: Rabies: _____ Bordetella _____ DHPP _____ FVRCP _____ FELV _____
Please provide proof of vaccines to the receptionist for your pet's file.
Previous injuries, surgeries or serious illness: _____

Is your pet aggressive with people? Yes _____ No _____ Other animals? Yes _____ No _____
Is your pet on any medications? _____
What do you feed your pet? _____
What type of exercise/activity does your pet get? _____

(OVER)

- ❖ We also offer grooming services, cat boarding, special needs dog boarding, canine physical therapy and weight loss counseling. Please let us know how we can be of assistance.
- ❖ For timely alerts and notifications, please download our app on your smartphone. For the most current news and information, please “like” our Facebook page.

We realize you have choices with regard to veterinary care and we thank you for allowing us the opportunity to be of service to you and your pets!

Additional Pets

Pet's Name: _____ Breed: _____ Age/DOB: _____

Color: _____ M/F: _____ Is Pet Spayed/Neutered? Yes _____ No _____

Is pet current on: Rabies: _____ Bordetella _____ DHPP _____ FVRCP _____ FELV _____

Please provide proof of vaccines to the receptionist for your pet's file.

Previous injuries, surgeries or serious illness: _____

Is your pet aggressive with people? Yes _____ No _____ Other animals? Yes _____ No _____

Is your pet on any medications? _____

What do you feed your pet? _____

What type of exercise/activity does your pet get? _____

Pet's Name: _____ Breed: _____ Age/DOB: _____

Color: _____ M/F: _____ Is Pet Spayed/Neutered? Yes _____ No _____

Is pet current on: Rabies: _____ Bordetella _____ DHPP _____ FVRCP _____ FELV _____

Please provide proof of vaccines to the receptionist for your pet's file.

Previous injuries, surgeries or serious illness: _____

Is your pet aggressive with people? Yes _____ No _____ Other animals? Yes _____ No _____

Is your pet on any medications? _____

What do you feed your pet? _____

What type of exercise/activity does your pet get? _____