

Steve Amsberry, DVM
Julia Moore, DVM
Julianne Vickstrom, DVM
Candace Remcho, DVM



Thank you for choosing West Hills Animal Hospital.
We honor the opportunity to care for your family member pet.

PLEASE PRINT

Patient Information Sheet

Patient's First & Last Name: _____ Male Female Spayed/Neutered

Breed: _____ Date of Birth: _____

I obtained my pet from a: Breeder Shelter Pet store Friend/Acquaintance
 Other _____

Age of pet when obtained: _____

During the day, my pet: roams freely in the house is restricted to one or more rooms
 is confined to a carrier or cage stays outside, unrestricted
 stays outside in a fenced yard is inside or outside at will
 other _____

At night, my pet sleeps: in a carrier/cage in the house in my bedroom on my bed
 outside in a shelter other _____

Amount of time my pet spends alone each day: 0-4hrs 4-8hrs 8-12 hrs variable (explain):

Amount of time I interact with my pet daily: 30 min 1 hr 2 hrs 4 hrs variable (explain):

My pet's favorite activities are: _____

I feed my pet (brand and type): _____ Amount fed per feeding: _____

Number of feedings a day: _____ Treats from table? yes no

Other treats? (please describe) _____

My pet is: friendly with people and animals safe around children fearful of other people or animals
 aggressive toward other animals aggressive toward people
 other _____

My pet has received: socialization training obedience training Canine Good Citizen Certificate
 other special training _____

I expect my pet to be a/an: companion/family member protector athlete performer other