



Yuko Eguchi-Coe, 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