



NEW CLIENT INFO:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Ph: (____) _____ Cell Ph: (____) _____

Employer _____ Business Phone: _____

Driver's Lic. No.: _____ State: _____

SSN _____ E-mail _____

Spouse Name: _____

Spouse Employer: _____ Business Ph: _____ Spouse Cell Ph: _____

Emergency Contact name: _____

Emergency Contact Ph.: _____

How did you hear about our Clinic? Yellow Pages Sign Radio Facebook Search engine: _____

Referred by: _____

Payment is required at the time services are performed. We accept Visa, MasterCard, Cash & Check.

I understand I am financially responsible to Pet Wellness Clinic, inc. for all charges incurred. There may be prescription fees applied to your account. I further agree in the event of non-payment to bear the cost of collection and/or court and legal fees should this be required. There is a 30 day service charge of 3%.

Signature: _____ Date: _____

I give Pet Wellness Clinic permission to fax my pets' records to other clinics when the need is present and to receive my pets' records from other clinics.

Signature: _____ Date _____



NEW PATIENT INFO:

Pet's Name: _____ **Species:** _____ **Breed:** _____

Color: _____ **Date of Birth/ Age:** _____

Sex: Male [] Female [] Spayed (Female) [] Neutered (Male) []

Medical Problems: _____

Current Medications: _____

Drug Hypersensitivities: _____

Current Diet: Dry [] _____

Wet [] _____

Name of **Heart Worm Prevention?** _____

Last Heart Worm Test? _____ Results: Negative [] Positive []

Last Blood Test(s) (CBC/Panel/T4/Phenobarb) _____

When and where **immunizations** were **last** given _____

Our Pet is: Member of our family [] Backyard pet [] Working dog [] Service dog []

Sports / Hunting dog [] Breeding animal [] Therapy pet []

How long have you **owned** your pet? _____

Would you like to be present during treatment to your pet? YES [] NO []

____ of ____