

# NEW CLIENT/PATIENT FORM

## ***Client Information:***

Pet Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Spouse or Co-Owner: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about Pet Wellness Group? \_\_\_\_\_

Referred by (We would like to thank them): \_\_\_\_\_

Indicate type and quantity of other pets in your household:

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Ferrets \_\_\_\_\_ Rabbits \_\_\_\_\_ Rodents \_\_\_\_\_ Birds \_\_\_\_\_ Reptiles \_\_\_\_\_ Other \_\_\_\_\_

## ***Patient Information:***

\*Please provide vaccination/medical records, if available\*

Pet's Name: \_\_\_\_\_ Birth Date (Age): \_\_\_\_\_ Microchip # \_\_\_\_\_

Species:( Dog, Cat etc) \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: female male spayed female neutered male

Medical Conditions (allergies, drug reactions, heart conditions, etc.):  
\_\_\_\_\_

Pet's Name: \_\_\_\_\_ Birth Date (Age): \_\_\_\_\_ Microchip # \_\_\_\_\_

Species:( Dog, Cat etc) \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: female male spayed female neutered male

Medical Conditions (allergies, drug reactions, heart conditions, etc.):  
\_\_\_\_\_

Pet's Name: \_\_\_\_\_ Birth Date (Age): \_\_\_\_\_ Microchip # \_\_\_\_\_

Species:( Dog, Cat etc) \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: female male spayed female neutered male

Medical Conditions (allergies, drug reactions, heart conditions, etc.):  
\_\_\_\_\_

\*Payment is due upon completion of services. Accounts overdue greater than 30 days will be charged a service charge amount of 1.5% on the unpaid balance, but not less than \$1.00.

Signed \_\_\_\_\_ Date \_\_\_\_\_