



# Animal

## Health and Wellness Hospital

### CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Whom may we thank for referring you: \_\_\_\_\_

### PET INFORMATION

Pet's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Species: Dog \_\_\_ Cat \_\_\_ Reptile \_\_\_ Other \_\_\_ Breed: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Neutered/Spayed: Yes \_\_\_ No \_\_\_ Color: \_\_\_\_\_

At what age was pet obtained: \_\_\_\_\_ Diet: \_\_\_\_\_

At what hospital or adoption agency may we find previous records? \_\_\_\_\_

### SIGNATURE AND PAYMENT

It is the policy of Animal Health and Wellness Hospital not to release ANY information concerning your pet to a boarding, grooming, other veterinary facilities or adoption agency without your permission. By signing below, you are giving us permission to release pet information to, or request information from, the above facilities ONLY.

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We will gladly prepare you a written estimate if you desire. In the case of extensive medical or surgical procedures, where full payment may be difficult at discharge, we accept Mastercard, Visa, Discover, Debit and Care Credit cards or we can establish a payment arrangement in advance of treatment. There will be a service charge of \$30.00 for any check returned unpaid.

Signature of Client Responsible for Pet(s) \_\_\_\_\_

Keeping your pets on the path to health and wellness