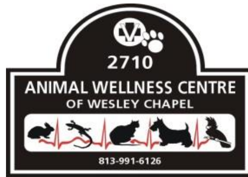

ANIMAL WELLNESS CENTRE OF WESLEY CHAPEL

CLIENT REGISTRATION FORM

Thank you for giving us the opportunity to care for your pet. Please completely fill out the form below so we can provide the best possible care.

CLIENT INFORMATION

Owner's Name: __________________________________ Emergency Contact & Phone #: _____________________________

Address: ____ Apt #: ______ City: ______________ State: ____ Zip: ________

Phone: ___________________ ☐ Home ☐ Cell ☐ Work Alt. Phone: ___________________ ☐ Home ☐ Cell ☐ Work

e-mail address: ______________________________ Employer's Name & Phone #: __________________________________

PATIENT INFORMATION

Pet #1

Name: ____ Species: ☐ Dog ☐ Cat ☐ Other: _______________________

Breed: ____________________ Color: ________________ Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No

Date of Birth/Age: _________________________________ Microchip #: _____________________________________

Date of Last Teeth Cleaning: ________________________ Date of Last Vaccinations: __________________________

Previous Veterinarian(s) for Obtaining Records: ____

List Significant Medical History or Recurring Problems: ____

Current Medications: ____

Reason for Today's Visit: ____

Pet #2

Name: ____ Species: ☐ Dog ☐ Cat ☐ Other: _______________________

Breed: ____________________ Color: ________________ Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No

Date of Birth/Age: _________________________________ Microchip #: _____________________________________

Date of Last Teeth Cleaning: ________________________ Date of Last Vaccinations: __________________________

Previous Veterinarian(s) for Obtaining Records: ____

List Significant Medical History or Recurring Problems: ____

Current Medications: ____

Reason for Today's Visit: ____

How did you hear about us? ☐ Driving by ☐ Search Engine ☐ Referral (Who may we thank?): ________________ ☐Other: __________

Would you like us to feature your pet on our Facebook page? ☐Yes ☐ No

www.facebook.com/AnimalWellnessCentreOfWesleyChapel

Would you like to receive e-mail or postcard reminders? ☐e-mail ☐ postcard ☐ newsletter

FINANCIAL INFORMATION

I hereby authorize Dr. Hong and the staff at Animal Wellness Centre to examine, prescribe for, and treat the above described pet. I release Dr. Hong and his staff from any liability related to any such care. _______ Initial

I authorize Animal Wellness Centre to use my pet's likeness for marketing purposes, including but not limited to use on their website or Facebook page. _______ Initial

I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and agree to pay for services. _______ Initial

I understand that there is a minimum $25.00 service charge for all returned checks. Any unpaid accounts more than 30 days past due will be sent to a collection agency. _______ Initial

Signature: ____ Date: ________________