



WELCOME TO TOTAL PET WELLNESS

PLEASE NOTE THAT ANY MISSED APPOINTMENTS OR APPOINTMENTS CANCELLED LESS THAN 24 HOURS PRIOR TO APPOINTMENT TIME MAY BE SUBJECT TO A CANCELLATION FEE

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet

Today's Date: _____
How did you hear of our hospital? _____
Who may we thank for referring you? _____
Previous Veterinarian/Clinic and phone: _____

Patient Information:

Pet's Name: _____ Age: __yr. __ mo. or Date of Birth: _____ Breed: _____
Sex: M __ F __ Neutered __ Spayed __ Microchipped: Yes __ No __ Unsure __

Pet's Name: _____ Age: __yr. __ mo. or Date of Birth: _____ Breed: _____
Sex: M __ F __ Neutered __ Spayed __ Microchipped: Yes __ No __ Unsure __

Pet's Name: _____ Age: __yr. __ mo. or Date of Birth: _____ Breed: _____
Sex: M __ F __ Neutered __ Spayed __ Microchipped: Yes __ No __ Unsure __

****To help prevent the spread of infectious disease, ALL patients MUST be current on all recommended vaccinations.
DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be performed at the time of your appointment if not already current.*

Client Information:

Name: _____ Spouse/Other: _____
Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-Mail: _____
Emergency contact OR alternate phone number: _____

****We will gladly prepare a written estimate upon request. Please ask receptionist or doctor.
**Fees are due at the time services are rendered.
WE DO NOT ACCEPT CHECKS. Acceptable forms of payment include Cash, Mastercard, Visa, Discover.

WELCOME TO TOTAL PET WELLNESS

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize Total Pet Wellness to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and any additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. Charges may be made for appointments if I do not cancel them prior to 24 hours before the appointment time. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. Should billing be approved for any services, all accounts unpaid after 30 days receive a \$5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.5% per month, which is an annual rate of 18%, with a minimum monthly charge of \$1.00. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within the agreed upon timeframe, I understand I will be charged a boarding fee. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, I understand Total Pet Wellness may assume the pet is abandoned and is hereby authorized to dispose of said pet as deemed best and/or necessary.

Signature _____ Date _____

If you are happy with today's visit, the biggest compliment to us would be to take a few moments to write an online review on Google Plus, Yelp, Angie's List or Facebook. If there is anything we can improve upon, please feel free to let us know.

***Thank you for choosing Total Pet Wellness.
We look forward to seeing you and your pet(s) again!***