

PETWISE CLIENT REGISTRATION FORM

CLIENT INFORMATION

Name: _____

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Do you prefer to be contacted by phone or email?: _____

How did you learn about us?: _____

PET INFORMATION (if multiple pets, please list separately)

Pet's Name: _____

Dog Cat Other _____ Sex: M F Neutered/Spayed: Yes No

Age: _____ Birthdate: _____ Breed: _____

Color: _____

Describe your pet's diet (Type/Amount/Frequency): _____

List treats, vitamins, and all supplements: _____

List all medication including heartworm and flea/tick prevention (Name/Dosage/Frequency):

List previous veterinarian(s) where we can obtain medical history: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the described pet(s). I assume responsibility for all charges incurred. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED. ESTIMATES ARE PROVIDED UPON REQUEST.

Signature of legal pet owner: _____ Date: _____