

2024 form Client #______

Thank you for giving us this opportunity to care for your pet(s). We promise to provide your pet(s) with quality and professional care from our trained staff. We are here for you, happy and willing to answer any questions or concerns you may have. Please complete the following information so that we can become more acquainted.

Primary Owner's Name		Date of Birth
Spouse/Significant Other's Name		Date of Birth
Driver License #		
Home Phone #	Cell Phone #	
Cell or Alternate Phone #		
Home Address		
City	State	Zip
Email		
Employer	Phone	
Name of pet(s) brought in today		
New Client? How did you hear about us?	Drove by - Yellow Pages - Friend - Flyer - Internet - Billboard - Radio If referred by a friend, whom may we thank?	
Method of payment:	Cash Credit/Debit	Check Care Credit

I understand that <u>All Fees Are Due At The Time Services Are Rendered</u>. If I make a payment by check I agree to pay the \$25.00 returned check fee as well as original amount the check was written for. Should my account become delinquent, I agree to pay all costs including but not limited to interest charges, collection agency fees, legal costs, and attorney fees.

Thank you for trusting us with the care of your animal. Our practice is not the usual, as you are likely aware. We offer consultation in the use of homeopathic remedies and nutrition, such as fresh food diets, vitamin and mineral supplementation, and food concentrates. We favor this form of treatment because we feel it is the most effective way to deal with a wide variety of health problems that animals face. Homeopathy and nutritional therapy can treat the same broad range of problems conventionally treated with drugs.

However, not every problem responds to this type of treatment, and we can use conventional treatment as an alternative. In spite of our best efforts, not every problem can be resolved; sometimes the disease is too advanced, or the immune system too weak to allow recovery.

If this is acceptable to you, and what you wish for your pet, please sign below.

DECLARATION OF ACCEPTANCE:

By signing below I give Animal Wellness Center permission to send records to another veterinary facility if they request it.

Signature	Date
Name (print)	

Office Use only _____