



NEW CLIENT AND PATIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a moment to provide us with the following information:

Owner(s): _____ Co-Owner: _____

Address: _____
(Street) (City, State) (Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Co-Owner's Cell Phone: _____ Co-Owner's Work Phone: _____

Email: _____

Email is optional. However, Wauwatosa Vet does use this for appointment and service reminders, special promotions and for sending medical records/documents related to your pet's health care.

In case of Emergency, please call: _____ at phone #: _____

How did you hear about us?

Personal Referral – who may we thank? Clinic Sign Humane Society Yelp Internet / Search Engine

Welcome Wagon Direct Mail / Gift Card GE Healthcare Perks Other: _____

We love showing off our adorable patients. Can we share your pet's photo?

Please check here if it is okay for us to use your pet's photo on Facebook, our website, or in other marketing/educational materials.

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PLEASE TURN TO OTHER SIDE TO COMPLETE PET INFORMATION

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Payment Agreement

I, the undersigned, agree to pay for all services at the time they are rendered and understand that I am entitled to ask for a written estimate of fees for any diagnostics, treatments, surgery or hospitalization prior to services being provided.

Signed: _____ Date: _____

We accept Cash, Check, Visa, Mastercard, Discover, American Express, Care Credit and Wells Fargo Health Advantage. A \$31.50 return fee will apply for all returned/NSF checks.



**WAUWATOSA
VETERINARY
CLINIC**

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Please help us get to know your pet!

PATIENT INFO	PET #1	PET #2	PET #3
NAME			
SPECIES/BREED			
DATE OF BIRTH			
SEX			
SPAYED/NEUTERED?			
MICROCHIPPED?			
MEDICATIONS/SUPPLEMENTS			
DRUG ALLERGIES			
DIET / FOOD			
MAJOR MEDICAL PROBLEMS			
BEHAVIOR ISSUES/CONCERNS			
IS YOUR PET ON YEAR- ROUND HEARTWORM / FLEA & TICK PREVENTATIVE?			
APPROXIMATE DATE OF LAST VET VISIT			
Any other information or concerns you think it would be important for us to know?			

Please request records from the following clinic(s):