



404 S. Edgemoor, Bldg 100
 Wichita, Ks 67218
 316-683-4641

Client and Patient Information

*Thank you for giving us the opportunity to care for your pet(s).
 So that we may become better acquainted, please complete the following:*

Name _____ Spouse/Co-Owner _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Mobile Yes No I agree to receive text communications. Yes No

Alternate Phone _____ (Standard text messaging rates will apply.)

Work Phone _____ Spouse/Co-Owner's Cell Phone _____

Employer _____ Spouse/Co-Owner's Employer & Phone _____

Emergency Contact _____ Emergency Contact Phone _____

E-Mail Address _____

How did you become aware of our clinic? Yellow Pages __ Web Site __ KMUW __ Google __ Facebook __ Other _____

Personal Recommendation (*Whom may we thank?*) _____

	Pet 1	Pet 2
Name:		
Breed:		
Date of Birth:		
Color:		
Sex:		
Fixed		
Microchip		
Previous Medical Records? Previous Clinic Name and ph #:		

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

What pet health insurance provider do you have? _____

I agree to pay any costs and charges necessary for the collection of any amount not paid when due.

A full payment is required upon rendering of services. We do NOT carry open accounts.

We accept the following: Cash, Check, Visa, MasterCard, Discover, American Express, Care Credit, Scratch Pay

Signature of owner or authorized representative:

Signed: _____

Date: ____/____/____

THANK YOU for bringing your pet to our hospital. We hope you are pleased with our services and facilities.

We would appreciate your letting us know how we might improve them.