



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 \_\_\_\_\_ Co-Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Mobile?  Yes  No

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Co-Owner Phone \_\_\_\_\_ Co-Owner Employer & Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

How did you become aware of our clinic?  Website  KMUW  Google  Facebook  Other \_\_\_\_\_

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

**May we have your permission to use your pet's photo on our social media accounts?  Yes  No**

	Pet 1	Pet 2
Name:		
Breed:		
Date of Birth or age:		
Color:		
Sex:		
Spayed/Neutered?		
Microchipped?		
Allergies:		
Special diet or medications:		
Pet Health Insurance Co.:		

Previous medical records: Clinic name and phone number: \_\_\_\_\_

We offer Military and Senior Citizen discounts. Do you qualify?  Military (Active/Veteran)  Senior Citizen  
Military ID or Drives License will be required for verification before applying the discount.  Neither

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

**A full payment is required at the time services are rendered. We do NOT carry open accounts.**

We offer a variety of Wellness Plans that allow you to make monthly payments. Ask us for details.

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!!*