

Please Fill Out BOTH Sides

Date _____



New Client Record & Pet History Form

Thank you for visiting Pet-Agrees Wellness Services and for entrusting us with caring for your pet(s). Please fill out this form so that we may learn more about you and your animal(s). And remember, if you have any questions, please let us know...

Pet Owner

Name _____

Address _____

City _____ State _____

Zip _____ County _____

Home Phone _____

Cell _____

E-mail address _____

Spouse/Other

Name _____

Cell _____

E-mail address _____

What is important to you when choosing a veterinarian?

How did you become aware of our clinic?

- Carthage Courier Adoption Agency Ballfield banner Clinic Sign Car Sign Yellow Pages
- Referral of Friend/Relative (specify) _____
- Veterinarian: _____ Other: _____

I authorize the examination and treatment of the pet(s) and am financially responsible for any expenses incurred. Deposit may be required with payment arrangement made prior to surgery or hospitalization. PAYMENT IS EXPECTED UPON COMPLETION OF THE VISIT/ TREATMENT/SURGERY. Any unpaid balance will incur a finance charge of 1.5% each month (18% APR.) All balances over 90 days delinquent will be turned over to a professional collection agency.

Owner/Representative Signature _____ Date _____

PRIVACY POLICY: We know your privacy is important to you and it is important to us too. Any information that we may gather is not sold or given away to any third party. If you have any questions regarding this policy please contact us.

Occasionally we use the images of clients' pets in promotional materials such as advertisements, brochures and online social media. If you do not wish for us to use your pet's image, please check this box.

Please fill out the other side