



## Animal Wellness Center of Buffalo Valley

201 Industrial Drive #1

Mondovi, WI 54755

(715) 926-3836

### Client Registration

Thank you for choosing the Animal Wellness Center! We look forward to serving you and caring for your pet's needs for many years to come.

**Please complete this form so we can accurately enter this information into our files.**

**Thank you!**

Owner Name: \_\_\_\_\_ Spouse or Co-owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternative phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

*By sharing your email, you can receive reminders and access your Petly account.*

Preferred method of reminders:  Email  Text  Postcard

How did you become aware of our clinic?  Phone book  Google Search  Facebook  
 Referral - Whom may we thank for referring you? \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do we have your permission to contact your previous veterinarian?  Yes  No  N/A

Previous Veterinarian: \_\_\_\_\_ Vet Phone: \_\_\_\_\_

Do we have your permission to share your pet's photo on social media (website and/or Facebook)?  Yes  No

#### Brief History:

1. Has your pet ever experienced any allergic reaction to vaccinations or prescribed medication?  Yes  
 No

- If so, which one(s)? \_\_\_\_\_
2. Has your pet ever had difficulty with anesthesia or tranquilizing drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, please explain \_\_\_\_\_
3. Is your pet currently on medication? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, which meds: \_\_\_\_\_
4. Has your pet been examined in the last 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If so, for what reason? \_\_\_\_\_
5. Does your pet have direct contact with other animals? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain: \_\_\_\_\_

Please list any other information that may assist the veterinarian in evaluation of your pet's health condition:

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**Payment Policy:**

**ALL FEES ARE DUE AT THE COMPLETION OF EACH VISIT.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards and Care Credit. There will be a service charge for any check returned unpaid.

We reserve the right to charge for appointments cancelled or broken without 24 hours advance notice.

Payment Method: \_\_\_\_\_ Cash, \_\_\_\_\_ Check, \_\_\_\_\_ Care Credit\*, \_\_\_\_\_ Visa, Mastercard, Discover, American Express

\*If you are unfamiliar with Care Credit, Please ask us for details.

**If you have any questions, please do not hesitate to ask.** We are here to provide the care you want and need for your beloved pets.

*I agree to the above policies and confirm all my information is accurate.*

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_