

Welcome



Wellspring Animal Hospital

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take time to complete this form. Thank you!

Client Registration Form

Owner _____ DL# _____

Address _____

City _____ State _____ Zip Code _____

Spouse/Partner _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Would you like to receive Text Notifications? Yes No # _____

If recommended, by whom? _____

E-mail address: _____

Pet Information

Pet #1

Name _____

Species Dog Cat OtherBreed _____ Female Male

Color _____

Birth Date _____ Age _____

Spayed/Neutered? Yes NoVaccine History: (date & type of last vaccinations) _____

Pet #2

Name _____

Species Dog Cat OtherBreed _____ Female Male

Color _____

Birth Date _____ Age _____

Spayed/Neutered? Yes NoVaccine History: (date & type of last vaccinations) _____

Authorization

I hereby authorize Dr. Laura A. Thomas or Dr. Shayla Amis to examine, prescribe for, or treat the above pet(s). I assume responsibility for all charges incurred in the case of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

My signature acknowledges my consent to receiving emails, texts (SMS), auto-dialed and/or artificial or pre-recorded messages to my cellular phone, telephone, or email provided by me to Wellspring Animal Hospital or its affiliates and their agents. This consent includes, without limitation, account management companies and independent contractors. I understand that consenting to the above is **not** required to receive services.

Signature of Owner _____ Date _____

Method of payment Cash Check Visa MasterCard Other