

Veterinary Wellness Center

Patient Information

Owners Name:	Spouse:	Home Phone #:
Street Address:		Cell Phone #:
City:	State:	Zip Code:
Employer:	Spouse Employer:	
Work Phone #:	Spouse's Work Phone #:	
E-mail address: (for reminder & newsletter purposes only) DON'T WORRY! We never share your email address!		

Patient Information					
Name:					
Date of Birth:					
Canine or Feline?:					
Breed:					
Color:					
Sex:					
Spayed or Neutered?					

How were you made aware of our location and services?

- Referred by a current client? Please tell us their name so we may thank them! _____
 Referred by a veterinarian? Please tell us their name so we may thank them! _____
 Referred by a chiropractor? Please tell us their name so we may thank them! _____
 Cincinnati Magazine article
 CityBeat Best of Cincinnati Article
 CinWeekly article
 Saw our sign in front of our clinic
 Veterinary Wellness Center Website (www.vetwellness.com)
 Internet search for chiropractic/holistic vets
 Phone Book — Please tell us in which book you found us: _____
 Other - please explain: _____

FINANCIAL RESPONSIBILITY

For and in consideration of services rendered by VETERINARY WELLNESS CENTER and/or the attending veterinarian or their designates, I hereby guarantee payment of all charges incurred for this account.

Payment is expected at the time of service.

DATE: _____ **SIGNATURE OF RESPONSIBLE PERSON:** _____