



# Welcome to Wichita Pet Wellness

Your Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

We enjoy getting to know your entire family, including non-fuzzy children. Please share your childrens' names and ages, if you feel comfortable doing so.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

How did you hear about us?  Internet  Driving By  Friend/Family/If so, who? \_\_\_\_\_  
 Other: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex:  Male  Female Spayed/Neutered:  Y  N Microchipped:  Y  N

Previous Vet(s) where past records could be obtained? \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex:  Male  Female Spayed/Neutered:  Y  N Microchipped:  Y  N

Previous Vet(s) where past records could be obtained? \_\_\_\_\_

Are there any known nut allergies in your household?  Yes  No

Do you authorize Wichita Pet Wellness to use photos of you and/or your pet for social media or advertising purposes?  Yes  No

I authorize the veterinarian and Wichita Pet Wellness to examine, prescribe for and/or treat the above pet(s). I am aware that I am responsible for all charges incurred from the care of my pets. I understand that these charges will be paid at the time of release and that a deposit may be required for surgical procedures and drop-off appointments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_