



Welcome to WellPet Humane

Owner's Full Name: _____

Phone Number:

Co-owner (if applicable): _____

Phone Number:

Mailing Address:

<i>Street Number</i>	<i>Street Name</i>	<i>Apt/Unit#</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Email Address: _____

Referred By: _____

Previous Medical Records may be obtained from:

Pet Name:	Pet Name:	Pet Name:
Dog or Cat (please circle)	Dog or Cat (please circle)	Dog or Cat (please circle)
Breed:	Breed:	Breed:
Color:	Color:	Color:
Sex: Female or Male	Sex: Female or Male	Sex: Female or Male
Age:	Age:	Age:
Altered (spayed/Neutered): Y / N	Altered (spayed/neutered): Y / N	Altered (spayed/neutered): Y / N
Vaccine Reactions: Y / N	Vaccine Reactions: Y / N	Vaccine Reactions: Y / N
History of Seizures: Y / N	History of Seizures: Y / N	History of Seizures: Y / N

May we post pictures of your pet(s) on social media? Yes or No (please circle one)

I hereby authorize WellPet Humane veterinarians to examine, prescribe for, and treat my pet(s). I assume the responsibility for all charges incurred in the care of this animal. I understand that payment is due at the time services are rendered. I understand that WellPet Humane accepts debit, credit, cash, care credit, and scratch pay, but that WellPet Humane does not accept checks or payment plans. I authorize WellPet Humane to obtain medical records from the Veterinarians listed above.

Owner's Signature: _____

Date: _____