



**Veterinary**  
**Wellness Partners**

Orrville • Seville • Wadsworth • Akron • Barberton  
Canal Fulton • Jackson • Medina

## New Client Information

Owner Name & Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse/Other Number \_\_\_\_\_ Email Address \_\_\_\_\_

Pet Name \_\_\_\_\_ Species: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered Yes \_\_\_\_\_ No \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Birth date if known \_\_\_\_\_

**Has your pet been vaccinated?** Veterinary facility where pet received vaccinations: \_\_\_\_\_

Please list any medications that your pet is currently receiving (including supplements and over the counter medications): \_\_\_\_\_

### How did you hear about us?

Individual; name of someone we can thank: \_\_\_\_\_

Internet Search \_\_\_\_\_ Social Media \_\_\_\_\_ Hospital Sign \_\_\_\_\_ Other \_\_\_\_\_

### PHOTO RELEASE

I give consent to Veterinary Wellness Partners to use my pets' names, biographical information, photographs, stories, videos, and/or testimonial for educational and/or recreational purposes. I understand that I can revoke this consent in writing at any time. I am 18 years of age or older and I am the owner/agent of the listed pet(s).

Pet name(s): \_\_\_\_\_

\_\_\_\_ Yes, I give my consent (please initial)

\_\_\_\_ No, I do not give my consent

**I assume responsibility for all charges incurred in the care of the animal(s) I have presented for treatment. I understand that all charges must be paid at the time of release and that a deposit is required for emergency or surgical treatment. All unpaid account balances are subject to interest at the rate of 18% annually. Collections action and legal proceedings may be utilized to recover any unpaid account balances. I understand that all medical records, lab results, x-rays, and reports for my animal(s) are the property of Veterinary Wellness Partners.**

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