

Wellspring Holistic Veterinary Care

🐾 Client and Pet Data 🐾

Client Information

Name (last,first) _____
Address (street) _____ City _____ State _____ Zip _____
E-mail address _____

** Note ** Your email address will never be used for advertising purposes. It will solely be used to provide reminders when veterinary services are due or to communicate about your pet(s).

Cell Phone _____ Home Phone _____
Drivers License # or SSN (if paying by check) _____
Employer _____
Work Phone # _____

Please circle method of payment below.
Check Cash Credit/Debit Card

Pet Information

Pet Name _____ Date of Birth _____
Species : canine(dog) __ feline(cat) __ other _____
Breed _____ Gender: male _____ female _____
Neutered or Spayed? (Circle Yes or No) Coat Color/Pattern _____
Current diet: Please be specific, including number of feedings per day, time of feedings, and type of food fed _____

Prior/Additional Clinics Providing Care: _____

I, the undersigned, understand that I am requesting Holistic Veterinary Care (Acupuncture and or Chinese Herbal Therapy, Dietary Therapy or Cold Laser Therapy) for my pet. I understand that Wellspring Holistic Veterinary Care will take every precaution in treatment, and that there is no guarantee of results or warranty of cure. I also understand that I am fully responsible for the cost of treatment and that the full amount of payment is due at the time of service.

Signed _____ (Pet Owner) Date _____