

Welcome to The Animal Wellness Center of Marin

We are glad to have the opportunity to care for your pet. To ensure your pet gets the best care we can offer, please fill out this form completely.

Client Information:

Date: _____ / _____ / _____

Owner's Name: _____ Owner's DOB: _____

**We ask for Owner's DOB in case we prescribe an FDA Regulated Substance for your pet.*

Spouse/Partner Name & Phone: _____ (_____) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

What is the best way to reach you? Home ___ Work ___ Cell ___ Email ___

Pet Information:

Pet's Name: _____ DOB/Age: _____

Type (circle one): Canine / Feline

Sex (circle one): Male / Female Neutered (M) / Spayed (F)

Breed: _____ Color: _____

Reason for today's visit:

General Wellness _____ Acupuncture _____ Holistic/Integrative _____ Chiropractic _____

Other (please specify) _____

Please list all medications your pet is currently taking including special diets:

Previous Veterinary Information:

Previous Clinician: _____

Previous Veterinary Hospital: _____

Hospital address: _____

City/Zip: _____ Phone: () _____ Fax: () _____

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet. I assume responsibility for all charges incurred in the care of the animal.

I also understand that all professional fees are due at the time services are rendered.

Signature: _____ Date: _____ / _____ / _____

The information on this form is strictly confidential and is to be used only by this clinic to provide care & treatment for your pet.