



Welcome to Barkin' Wellness Waggin'

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please fill out the following information. Thank you!

Owner Information

Date _____
Owner (Last,First) _____ Co-Owner/Spouse _____
Address _____
City _____ State _____ Zip Code _____
Phone# _____ is this number a: Cell Home Work
Alternate Phone Number _____ is this number a: Cell Home Work
Email Address: _____
Preferred communication? Email Text Phone Call at _____
If a picture is taken of your pet, can we share it to social media (facebook, etc.)? Yes No

Pet Information/Health History

Name of Pet _____ Dog Cat Other _____
Breed _____ Color/Markings _____
Approximate Age/Birthdate _____
My pet is a: Male Female
Is your pet Neutered/Spayed? Yes No Not Sure

Vaccination History

Has your pet been vaccinated within the last 12 months? *Rabies vaccination is required by law*

- Yes, Vaccinations are current List types and dates of last vaccinations _____
 No, Vaccinations are NOT current _____
 I'm not sure

Medical History

Does your pet have any prior medical conditions, illness or surgery? _____
Is your pet currently taking any medications or on a special diet? _____

Referral Information

Please tell us how you learned about Barkin' Wellness Waggin'

- I'm a current client Website Internet (Facebook) Shelter/Rescue
 Friend or Relative Internet (Google) Clinic Van Other _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet, following consultation and approval by me. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the end of the wellness visit.

Signature of Owner _____ Date _____