



Pet Owners Name _____ **Spouse Name** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

How did you hear about us? Internet Advertisement Referral Other

If referral by whom: _____

Drivers License Number _____ Email Address _____

Pets Name _____ **DOB** _____ **Sex** _____ **Spayed or Neutered?** _____

Species _____ **Breed** _____ **Color** _____ **Aggressive?** _____

Medical Conditions _____

Date of last vaccines _____ Is your pet on heartworm prevention? _____

Type: _____

Is your pet on flea and tick prevention? _____ Type: _____

Payment is due at the time of service. We are unable to bill for services or make payment arrangements, however we accept Care Credit as well as all major credit cards for your convenience. I understand and agree to Healing Hands Veterinary Wellness Centers payment policy and assume full responsibility for charges incurred. I understand Healing Hands Veterinary Wellness Center utilizes a mix of traditional Western Veterinary Medicine and Eastern Veterinary Medicine including chiropractic and consent to have my pet treated.

With permission, my pets photo may be featured on HHVWC's website and/or FaceBook. Yes _____

No _____ (Please initial)

Signature _____ Date _____

