

SIERRA ANIMAL WELLNESS CENTER

Specializing in Natural Medicine for your Pet.

Client Information

Owner's Name: _____ Spouse/Other: _____

Address: _____

(P.O. Box & Physical Address)

City: _____ State: _____ ZIP: _____

email address: _____

Phone:(_____) _____ Cell:(_____) _____ Work:(_____) _____

Pet Information

Pet's Name: _____ Dog / Cat / Other

Breed: _____ Age/DOB: _____ Male / Female

Color: _____ Spayed/Neutered: Yes / No

Previous Veterinarian/Clinic: _____ Phone: _____

****PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED****

I am the owner of the above pet, or am acting as agent for the owner and accept full financial responsibility.

I am employed by: _____ City _____

Driver's License Number: _____ Exp. _____ State: _____

Signature: _____ Date: _____

So that we are able to suit your individual needs, which do you feel most applies to you:

Check One:

- I am only interested in the traditional approach to medical and surgical care.
- I am only interested in a combination of traditional and holistic health care for my pet.
- I am only interested in a holistic or alternative approach to my pet's care.

Check One:

- I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.
- I would prefer you just summarize what has been done for my pet or what is needed.
- I want my pet healthy, but don't need to know what has been done.

Check One:

- I prefer to be present when my pet is examined and treated.
- I would rather not see my pet examined and treated.

Does your pet have other pet playmates at home ? Yes No

How Many ? _____ What type ? _____

How did you become aware of the our clinic? Yellow Pages

Hospital Sign Other _____ Another Veterinarian _____

Personal Recommendation: _____ Name: _____

Thank you for giving us the opportunity to care for your pet.