



# THE VETERINARY WELLNESS CENTER OF NORTH CANTON

517 North Main St – North Canton OH 44720

330.966.5569 [www.vetwellnesscenter.com](http://www.vetwellnesscenter.com)

## CLIENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

### REFERRED BY:

Friend/Family \_\_\_\_\_ VWC Website \_\_\_\_\_ Phone Book \_\_\_\_\_

Internet Search \_\_\_\_\_ Other \_\_\_\_\_

## PET INFORMATION

Pet Name \_\_\_\_\_ Species  Dog  Cat Sex  Male  Female  Fixed

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_ Microchipped  Y  N

Reason for visit \_\_\_\_\_

Has your pet ever had a vaccine reaction?  Y  N

Does your pet have any allergies?  Y  N To \_\_\_\_\_

Has your pet ever been aggressive  Y  N If yes, please explain \_\_\_\_\_

Special notes or special needs of pet \_\_\_\_\_

I waive all rights to hold the Veterinary Wellness Center of N Canton, its properties, or its employees liable for any undesirable effects during the course of, or resulting from any kind of treatment to my pets. I understand that payment is due in full at the time of service.

Client Signature X \_\_\_\_\_

FOR OFFICE USE ONLY

Special Notes \_\_\_\_\_

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