



PLEASE PRINT LEGIBLY

7860 Washington Ave.
 Kansas City, KS 66112
 (913)334-6770

Client / Patient Information

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

Owner: _____	Pet Information:	Pet #1	Pet #2
Co-Owner: _____		Name:	
Address: _____		Species:	
City: _____		Sex:	
State: _____		Neutered/Spayed?	
Zip: _____		Breed:	
Home Phone: _____		Description/color:	
Work Phone: _____		Age (in years):	
Mobile Phone: _____		Prior vaccinations:	
(optional) Social Security #: _____		Prior illness/surgery:	
Are you 18 years of age or older? _____		Reason for visit:	

Free Pet Portal: Simply write down your email address and we will create your own Pet Portal! View vaccination due dates, request medication refills, create reminders for yourself, all from the convenience of your own home!
 (We will not rent, sell, or disclose your email address to 3rd parties)

Email address: _____

Authorization / Financial Agreement

Please read and understand the following completely before signing below.

I hereby authorize the veterinarians at Welborn Pet Hospital to examine and prescribe for the above pet(s) and any new pets I present under this account. I agree to assume responsibility for all charges incurred in the care of this/these animal(s). I understand that all of the charges incurred in the treatment of my pet will be paid in full at the time of discharge. Welborn Pet Hospital accepts Cash, Check, Visa, MasterCard, Discover, and Care Credit. Care Credit applications are available at this office upon request. Welborn Pet Hospital does not bill. I also understand that an estimate of the fees for veterinary services can be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered, and during my pet's ongoing medical treatment. In some cases, a deposit may be required before treatment is provided. As of January 1, 2005, upon completion of this form, all clients are required to present a valid form of state issued photo identification to be copied and kept in your file. We do not accept pre or post-dated checks.

I have read and understand the above information.

Signature of Owner _____ Date _____

Please attach your valid form of state issued photo identification to the clip board and give it to a receptionist.