



# BarkWell

Animal Care Center

## New Client Form

### Owner/Client Information

Name: \_\_\_\_\_  
First Middle Initial Last

Spouse's Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell Other

Place of Employment: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Company Name Phone

Email: \_\_\_\_\_ @ \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### Pet Information

Names: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Heartworm testing and prevention: \_\_\_\_\_

Any previous illnesses or surgeries: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Vaccination history: \_\_\_\_\_

Previous veterinarians/clinics: \_\_\_\_\_

Special diets or medications: \_\_\_\_\_

Thank you for your for entrusting us with your pet's care. Our goal is to provide quality health care and related pet services for your pet at a fair and reasonable cost. **In order to achieve this goal, full payment must be made by the time your pet is released from our care.** We appreciate the opportunity to be of services to you and your pet. If you have any questions concerning this policy, please let us know.

By signing this form, I agree to the policies, which I have read, and I take full responsibility for payment of all services rendered at BarkWell Animal Care Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_