



Wedington Animal Hospital

4363 W. Wedington Drive Fayetteville, AR 72704
(479) 444-6600



Thank you for choosing our office. In order to serve you properly, we will need the following information (**PLEASE PRINT**).

Owner's Name: _____ Co-Owner / Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ (required when paying by check) Drivers License # _____
Owner's DOB: ____/____/____

Cell Phone: (____) _____ Spouse's Cell Phone: (____) _____

e-mail: _____

Employer: _____ Business Phone: (____) _____

Co-Owner / Spouse's Employer: _____ Business Phone: (____) _____

Referred By: _____ Reminder Preference: Phone Email Postcard Text Message

Are there other pets in your household? Yes No If yes, please indicate quantity below:

____ Dogs ____ Cats ____ Birds ____ Reptiles ____ Ferrets Other _____

PATIENT INFORMATION

Patient's Name: _____ Birth Date: ____/____/____

Species: Dog Cat Ferret Bird Other _____

Breed: _____ Color: _____ Weight: _____

Sex: Male/Not Neutered Male/Neutered Female/Not Spayed Female/Spayed

Medical Conditions (allergies, drug reactions, heart conditions, etc.) _____

Previous Veterinarian: _____

Current Medications: _____

Last Vaccination: Date: _____ Doctor: _____

Is your pet currently taking heartworm preventative? Yes No Brand: _____

Is your pet currently on flea / tick preventative? Yes No Brand: _____

Nutrition: Dry Brand _____ Canned Brand _____ Table Scraps? Yes No

Dental Care: Do You Brush your pet's teeth? Yes No Date of last dental cleaning? _____

Microchip Identification # _____

Payment is due at the time the services are rendered. Please indicate how you will pay for today's service(s):

Cash Check Visa Master Card AMEX Discover Care Credit

Signature of Owner: _____ Date: _____

Media Consent Form

Wedington Animal Hospital utilizes social media and other resources to promote our facility. We would like your consent to take photos or videos of your pet while in our care at Wedington Animal Hospital. These images may be used for promotional purposes.

- I hereby consent to the collection and use of my pet's image by photography or video recording.
- I acknowledge these images may be used on the Wedington Animal Hospital website, tv or video, in newsletters and publications as well as Facebook and other social media sites.
- I acknowledge that I will receive no monetary compensation for the use of my pet's image.
- I acknowledge that consent can be withdrawn at any time by written request to Wedington Animal Hospital.

Name of Pet _____

Signature of Owner _____ Date _____