



# Animal Wellness Center of Bonita

10347 Bonita Beach Road Suite 118, Bonita Springs, FL 34135

Ph: 239-405-8387 Fax: 888-370-0571

Email: info@awcbvet.com



### Client Information:

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

Owner Name: \_\_\_\_\_

\_\_\_\_ (initials) I consent to receiving medical information in regards to my pets care via email and/or text messages. I understand that this method of communication is not considered secure.

### Patient Information:

Pet's Name: \_\_\_\_\_ Species: Dog Cat  
 Breed: \_\_\_\_\_ Sex: Male Female neutered spayed  
 Date of Birth/Age: \_\_\_\_\_ Color: \_\_\_\_\_  
 Microchipped: Y N Pet is: indoor only outdoor only indoor/outdoor  
 Number of Pets in household: \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_  
 Diet (including treats): \_\_\_\_\_

Prevention history: Heartworm prevention? \_\_\_\_\_ Name: \_\_\_\_\_  
 Flea prevention? \_\_\_\_\_ Name: \_\_\_\_\_

### Current Medications (incl. last time given):

Medication Name	Strength/Size	Frequency of administration	Last time given

Previous medical/surgical history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Other veterinarian/specialists Information:

Practice Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_  
 Doctor Name: \_\_\_\_\_ Doctor Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Specialty? \_\_\_\_\_ Specialty? \_\_\_\_\_

### Financial Policy:

Thank you for choosing Animal Wellness Center of Bonita. It is our commitment to provide quality veterinary care throughout the life of your pet. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. For your convenience we accept all major credit cards, cash, CareCredit, and ScratchPay.

All fees for professional services and medications are due at the time services are rendered. For patients requiring hospitalization or are dropping for a surgical procedure a deposit for the low end of the treatment plan is required with the remaining balance due at pick up. I understand that I (the owner or agent) am financially responsible for all charges relating to this patient. I understand that If a balance is let unpaid, additional costs will arise and the balance due will be transferred to an external collections company. If this occurs, I am liable for the original balance due, and any collection agency fees, as well as legal fees.

### Social Media Release:

May photos and videos of your pet be posted on our social media presence?  
 \_\_\_\_\_ (initials) Yes, including name.  
 \_\_\_\_\_ (initials) Yes, without name  
 \_\_\_\_\_ (initials) No, I do not wish that images of my pet are posted on social media.

\_\_\_\_\_  
 Signature of responsible party (must be at least 18 years of age)