

# Wilderness Trace Veterinary Clinic, PLLC

## New Patient Information

Pet's Name \_\_\_\_\_

Species: Dog  Cat  Other  \_\_\_\_\_

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

Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

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

Flea Control \_\_\_\_\_

Heartworm control \_\_\_\_\_

**Date of Last Vaccinations:**

DOG

Distemper/Parvo Combo \_\_\_\_\_

Bordatella \_\_\_\_\_

Rabies \_\_\_\_\_

Heartworm check \_\_\_\_\_

Other \_\_\_\_\_

CAT

Distemper \_\_\_\_\_

Leukemia \_\_\_\_\_

Rabies \_\_\_\_\_

Other \_\_\_\_\_

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CAT

Distemper \_\_\_\_\_

Leukemia \_\_\_\_\_

Rabies \_\_\_\_\_

Other \_\_\_\_\_

# WILDERNESS TRACE VETERINARY CLINIC, PLLC

276-A Henry Street

Junction City, KY 40440

Phone 859-854-5055

## NEW CLIENT INFORMATION

Owner's Name _____	Co-owner's Name _____
Address _____	Address _____
_____	_____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
E-mail Address _____	E-mail Address _____
Cell Number _____	Cell Number _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____
Social Security # _____	Social Security # _____
Driver's License # _____	Driver's License # _____
Children or other people who may bring or pick up pet _____	
Referred by (We want to thank them) _____	

\*Please enroll me as a registered member of the hospital website:  **Yes**  No

As a registered member I will be able to:

Request appointments/boarding | Purchase medication/food refills

I Make better decisions about pets' health & well-being | Discover ways to help your pet live a longer & healthier life |

I Inform if pet is lost/deceased | Notify of address change |

\*Please subscribe me to the **FREE** Pet Living & Wellness Newsletter:  **Yes**  No

Topics of Interest:  Dogs  Cats  Horses  Birds  Reptiles  Rodents  Dr/Member Announcements.

## Payment Agreement

In consideration of rendering veterinary services for the Undersigned, at the rates from time to time established by Wilderness Trace Veterinary Clinic, PLLC (Veterinarian), the agreement is as follows: **(1) that the Undersigned's account for veterinary services rendered by Veterinarian to the Undersigned shall be due and payable immediately upon completion of the rendered veterinary services, and (2) that Veterinarian shall be entitled to charge and collect, and the Undersigned shall pay to Veterinarian a monthly service charge in an amount equal to 1.5% of the average monthly outstanding and due balance of the Undersigned's account with Veterinarian, and (3) that the Undersigned shall pay on demand all costs of collection and attorney fees incurred or paid by Veterinarian in enforcing all obligations of the Undersigned to Veterinarian.**

Undersigned \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Thank you for choosing Wilderness Trace Veterinary Clinic!**