

Client Information

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

Owner information

Name _____

Cell Phone () _____

Home Phone () _____

Work Phone () _____

Co-Owner Information

Name _____

Cell Phone () _____

Home Phone () _____

Work Phone () _____

Owner Address

Street _____ City _____ State _____ Zip _____

Emergency contact information

Emergency contact information will be used in the event you are unavailable and your pet needs medical treatment.

Name _____ Phone () _____

To help keep you up-to-date on your pet's health and/or news, specials and pet happenings at Iowa Veterinary Wellness Center, please provide us with an e-mail address: _____

How did you become aware of the clinic? Sign Community Event Internet Search: Angie's list, Google, Yahoo!, Yelp, Other _____ Previous Client, Personal Recommendation, who may we thank? _____

For future visits I would prefer: IVWC to be my exclusive veterinary healthcare team.
 IVWC to work in conjunction with my current veterinary healthcare team.

Payment information

We accept cash or the following credit cards: Visa, MasterCard, AMEX, and Discover.

Professional fees are due at the time services are rendered. We will gladly prepare a written estimate if you desire.

By signing below I authorize Dr. Kim Wilke and the staff of Iowa Veterinary Wellness Center to administer such treatment and/or perform such diagnostic procedures as agreed upon and to pay my balance in full at the time of services rendered. It is understood that no guarantee or assurance has been made as to the results that may be obtained. I assume full financial responsibility for all charges incurred by my pet(s).

SIGNATURE _____ DATE _____



IOWA VETERINARY
WELLNESS CENTER
YOUR PET. OUR PASSION.

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