

Client Information

Thank you for giving us the opportunity to care for your pet(s). 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 wellness reminders, and/or news, specials and events 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? _____
SIGNATURE _____ DATE _____

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

Payment Information:

We accept cash, debit, or the following credit cards: Visa, MasterCard, American Express, and Discover.

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

Social Media: I authorize IVWC to use images of my pet for the enjoyment and/or education of others on the IVWC website, Facebook and other social media platforms. Yes _____ No _____

By signing below I authorize the doctor(s) and staff of Iowa Veterinary Wellness Center to administer such treatment(s) and/or perform any diagnostic procedure(s) 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 from such diagnostic procedure(s). I assume full financial responsibility for all charges incurred from the treatment of my pet(s).

SIGNATURE _____

DATE _____



Dr. Kim Wilke, DVM, CVA | Dr. Molly Jaschen, DVM | Dr. Chelsea Ruston, DVM | Dr. Michael Henning, DVM

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