VETERINARY
WELLNESS CENTER
of Brooklyn

Patient Registration Form

Please show reception proof of valid personal identification!

Patient Information

Pet's Name: _____ Date of birth: _____

Species: Dog ☐ Cat ☐ Bird ☐ Rabbit ☐ Ferret ☐ Other _____

Color(s): _____ Breed: _____ Sex: Male ☐ Female ☐

Neutered? YES ☐ NO ☐ If yes, at what age? _____

Date last vaccinated? _____ Date of last Rabies Vaccine? _____

Any Known Allergies? _____

Any Previous Medical Conditions or Surgeries? _____

Current Medications or Supplements given? _____

Regular/Current Diet(Name of Brand)? _____

Are you interested in a 6 month heartworm preventative injection? YES ☐ NO ☐

Previous Veterinarian: Name: _____ Phone: _____

Client Information

Owner's Name: (Last): _____ (First): _____

Email Address: _____

Secondary Owner: (Last): _____ (First): _____

Email Address: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Pet Insurance Provider: _____ Policy #: _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone: _____

How did you hear about us? _____

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Vaccination Consent Form:

The veterinarians at Veterinary Wellness Center of Brooklyn firmly believe the benefits of vaccination outweigh the risks. However, like any medical procedure, vaccinations carry inherent risks. Although most adverse reactions associated with vaccinations are minor, on rare occasions vaccinations may be associated with serious side effects.

Common reactions which normally occur in minutes to hours and subside within 24-48 hours:

- Pain or swelling at the injection site
- Tired and less active, more quiet than usual
- Loss of appetite

Very Rare but Severe reactions that require immediate veterinary care:

- Rapid, difficult, or noisy breathing (PANTING IN CATS)
- Severe trembling
- Facial swelling (will be obvious) and/or hives (raised circular swellings on the body)
- Sudden onset of vomiting or diarrhea
- *UNRESPONSIVE sleepiness from which you cannot awaken your pet

If the site of a vaccination remains swollen, or is getting larger, one month following vaccination, or is still present three months after vaccination, PLEASE MAKE AN APPOINTMENT WITH US, as this could be the sign of a more serious problem.

Media Release Consent

I hereby give Veterinary Wellness Center of Brooklyn permission to take and post pictures of my pet to lawfully use on social media outlets. No royalty or fee to me is associated with this use.

☐ Yes, you ***can*** post pictures and media content ☐ No, you ***cannot*** post pictures and media content

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED

Master Card, Visa, American Express, Discover, Care Credit and Cash Only. We Do Not accept Checks.

No Refunds Permitted, In Clinic Account Credit Only, Pharmaceuticals and Food are Final Sale. No Exceptions!

I understand that if I do not pay this account as agreed, the account is subject to costs of collection, attorney fees, and including interest (any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum). I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided. By signing this form I agree to the payment terms and have read and accept the vaccination consent form above.

Owner Signature or Authorized Representative: _____

Date: _____