



Wedington Animal Hospital

4363 W. Wedington Drive Fayetteville, AR 72704
(479) 444-6600



Thank you for choosing our office. In order to serve you properly, we will need the following Information (**PLEASE PRINT**).

Owner's Name: _____ Co-Owner / Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ (required when paying by check) Spouses S.S.# _____

Home Phone: (____) _____ e-mail: _____

Cell Phone: (____) _____ Spouse's Cell Phone: (____) _____

Employer: _____ Business Phone: (____) _____

Co-Owner / Spouse's Employer: _____ Business Phone: (____) _____

Referred By: _____

Are there other pets in your household? Yes No If yes, please indicate quantity below:

____ Dogs ____ Cats ____ Birds ____ Reptiles ____ Ferrets Other _____

PATIENT INFORMATION

Patient's Name: _____ Birth Date: ____/____/____

Species: Dog Cat Ferret Bird Other _____

Breed: _____ Color: _____ Weight: _____

Sex: Male/Not Neutered Male/Neutered Female/Not Spayed Female/Spayed

Medical Conditions (allergies, drug reactions, heart conditions, etc.) _____

Previous Veterinarian: _____

Current Medications: _____

Last Vaccination: Date: _____ Doctor: _____

Is your pet currently taking heartworm preventative? Yes No Brand: _____

Is your pet currently on flea / tick preventative? Yes No Brand: _____

Nutrition: Dry Brand _____ Canned Brand _____ Table Scraps? Yes No

Dental Care: Do You Brush your pet's teeth? Yes No Date of last dental cleaning? _____

Microchip Identification # _____

Payment is due at the time the services are rendered. Please indicate how you will pay for today's service(s):

Cash Check Visa Master Card AMEX Discover Care Credit

Signature of Owner: _____ Date: _____